

<b>Case Number:</b>	CM15-0043662		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40 year old male, who sustained an industrial injury on 11/16/2011. Initial complaints reported included sudden and sharp mid back pain with difficulty breathing. The initial diagnoses were not mentioned in the clinical notes provided. Treatment to date has included conservative care, medications, physical therapy, acupuncture, x-rays (02/16/2012) and MRIs (03/30/2012). Currently, the injured worker complains of continued pain in the thoracic spine that radiates to the thoracic paraspinal area. Current diagnoses include thoracic strain with significant muscle spasms. The treatment plan consisted of continued medications (Mobic and Flexeril previously dispensed), Norco with no refills and follow-up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective request for Mobic 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents on 01/27/15 with unrated thoracic back pain which radiates into the thoracic paraspinal area near the T10 level. The patient's date of injury is 11/16/11. Patient has no documented surgical history directed at this complaint. The request is for RETROSPECTIVE REQUEST FOR MOBIC 15MG #30. The RFA was not provided. Physical examination dated 01/27/15 reveals tenderness to palpation of the thoracic paraspinal muscles, iliolumbar region, and sacroiliac region. The patient is currently prescribed Mobic and Norco. Diagnostic imaging was not included. Patient's current work status was not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the request for Mobic, the treater has not documented pain reduction or functional improvement attributed to this medication. This patient has been taking Mobic since at least 01/28/14. The subsequent progress notes only vaguely document pain relief or functional improvement attributed to this medication. For instance, progress note dated 01/27/15 states the following in regard to efficacy: "his medications are helpful." Such vague documentation does not satisfy MTUS requirements of functional improvements or specific reductions in pain attributed to this medication. NSAIDs such as Mobic are considered first line medication for complaints of this type, though without clearly established efficacy, continuation cannot be substantiated. Therefore, the request IS NOT medically necessary.

**Retrospective request for Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents on 01/27/15 with unrated thoracic back pain which radiates into the thoracic paraspinal area near the T10 level. The patient's date of injury is 11/16/11. Patient has no documented surgical history directed at this complaint. The request is for RETROSPECTIVE REQUEST FOR FLEXERIL 10MG #60. The RFA was not provided. Physical examination dated 01/27/15 reveals tenderness to palpation of the thoracic paraspinal muscles, iliolumbar region, and sacroiliac region. The patient is currently prescribed Mobic and Norco. Diagnostic imaging was not included. Patient's current work status was not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 for Muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice

for musculoskeletal conditions." MTUS Chronic Pain Medical Treatment Guidelines pg 63-66, Muscle relaxants (for pain) under ANTISPASMODICS: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Dosing states: This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008) In regard to the request for Flexeril, treater has specified an excessive duration of therapy. This patient has been taking Flexeril since at least 01/28/14 with some documented improvement in muscle spasms. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 60 tablets does not imply short duration therapy. Therefore, the request IS NOT medically necessary.