

<b>Case Number:</b>	CM15-0045803		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	10/12/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 41-year-old female, who sustained an industrial injury on 10/12/2014. She reported a trip and fall, hitting the right shoulder on a counter and her head on the ground and lost consciousness. The injured worker was diagnosed as having cervical myoligamentous injury with right upper extremity radicular symptoms, right shoulder internal derangement and depression/anxiety. Treatment to date has included magnetic resonance imaging and medication management. Currently, a progress note from the treating provider dated 1/12/2015 indicates the injured worker reported neck pain, headaches, intermittent dizziness, numbness in the right arm and pain in the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68 of 127.

**Decision rationale:** For treatment of osteoarthritis, MTUS recommends use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker (IW) has been diagnosed with high-grade partial-thickness rotator cuff tears, reports ongoing right shoulder, and neck pain. Office notes indicate that IW is receiving Anaprox DS (naproxen) with good results. The requested naproxen is supported by the submitted clinical documentation and is consistent with MTUS recommendations. Therefore, the request is medically necessary.

**Tramadol HCL ER 150mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

**Decision rationale:** MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. MTUS recommends use of an extended-release opioid along with an immediate-release opioid for treatment of episodes of breakthrough pain. Office notes indicate that IW has been taking hydrocodone/APAP intermittently and continues to report moderate pain. Drug screens have been appropriate and no evidence of aberrant medication behavior is documented. Addition of tramadol ER is reasonable and medically necessary, consistent with MTUS recommendations.

**Cyclobenzaprine 7.5mg #60:** Overturned

**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 Cyclobenzaprine (Flexeril) Page(s): 78-81 of 127.

**Decision rationale:** MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS recommends cyclobenzaprine for short-term use only, and notes that effect is greatest in the first 4 days of treatment. Per office notes, IW is using cyclobenzaprine sparingly on a prn basis for treatment of episodes of painful muscle spasm. She received a prescription of Flexeril (cyclobenzaprine) #30 on 12/08/14 and 01/12/15 office note stated that she did not request medications refills, which is consistent with documented history of very limited use of cyclobenzaprine. While MTUS does not support the chronic, continuous use of muscle

relaxants, a limited amount of cyclobenzaprine to be used intermittently on a prn basis appears to be reasonable and medically necessary in this case.