

<b>Case Number:</b>	CM15-0048873		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	01/19/1999
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Emergency 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 54-year-old male who reported an injury on 01/19/1999 with an unknown mechanism of injury. Current diagnoses include low back lumbago, joint ankle pain and joint shoulder pain. Current medications include Neurontin, Pantoprazole, Nucynta, Flurbiprofen, Cyclobenzaprine, Toradol, Lidoderm Patch, Kadian, Effexor and Tramadol. There were no recent diagnostic studies submitted for review. The clinical note dated 01/27/2015 indicates the injured worker was seen with complaints of ongoing pain in the upper and lower back and right shoulder. He also complained of pain that ran down his right leg, describing it as a shooting and aching. In regard to his right shoulder, he experiences numbness and tingling down the right arm. The clinical records indicate that the injured worker is stable with current medications, which allows him to be active and they allow him to perform ADLs. The injured worker denies any side effects or impairments from his medications. The injured worker indicated that his pain was at a 5/10 without medications. Physical examination revealed tenderness to palpation of the right shoulder. There was noted to be decreased range of motion, with decreased abduction, decreased adduction, decreased external rotation, decreased internal rotation, decreased shoulder flexion and decreased shoulder extension. There was also noted to be tenderness to palpation of the lumbar spine and facet joints. There was noted to be lumbar crepitus, with decreased flexion, decreased extension, decreased lateral bending and decreased rotation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The California MTUS Guidelines indicate that the use of cyclobenzaprine is indicated for patients as a short term option for acute muscle spasms. The guidelines also state that cyclobenzaprine is not recommended to be used for longer than 2 to 3 weeks with the great effect of the medication occurring in the first 4 days of treatment. The clinical documentation submitted for review indicates that the injured worker has been taking cyclobenzaprine in excess of 2 to 3 weeks. In addition, the most recent clinical note shows no indication of acute muscle spasms on physical examination. Given the above, this request is not medically necessary.

**Kadian 10 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The California MTUS Guidelines indicate that the use of opioid analgesics are not recommended as a first line treatment and are not recommended for long term use due to adverse risks and side effects. Guidelines also do not recommend continued use of opioids, unless there is documented evidence of objective pain and functional improvement. The clinical documentation indicates that the injured worker has been using Kadian since at least 08/2012, with no documentation regarding functional improvement and a decrease in pain. Although the injured worker is able to perform activities of daily living, these are not quantifiable findings compared to baseline without medications. Given all of the above, this request is not medically necessary.

**Toradol 60 mg/2ml, 2cc, injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines indicate that Toradol is not recommended for minor or chronic painful conditions. The clinical records indicate that the injured worker has

been receiving Toradol injections intramuscularly for exacerbations of pain during visits in 12/2014 and 01/2014. The injured worker is already currently being treated for chronic back pain, and given that Toradol is not recommended for chronic painful conditions, this request is not medically necessary.

**One (1) TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

**Decision rationale:** The California MTUS Guidelines indicate that the use of a TENS unit is recommended if it is used as an adjunct to a program of evidence based functional restoration for conditions of neuropathic pain, phantom limb pain, CRPS I and II, spasticity and multiple sclerosis. Although the clinical records indicate that the injured worker has neuropathic pain symptoms, the injured worker does not appear to be enrolled in an evidence based functional restoration program. Given that the guidelines only recommend a TENS trial as an adjunct to a program of evidence based functional restoration, and not a stand-alone therapy, this request is not medically necessary.

**One (1) urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The California MTUS Guidelines recommend frequent random urine toxicology screens for those at high risk of drug abuse. Patients with a history of alcohol or substance abuse, adverse consequences, impaired control over medication use and craving and preoccupations are cautionary red flags for potential opioid abuse. The clinical records show no indication that the injured worker is at moderate or high risk of addiction/aberrant behavior. The injured worker would be considered at low risk and, therefore, should have yearly random drug screens. The clinical records indicate that a urine drug screen was performed on 08/08/2014; and therefore, another urine drug screen is not yet warranted and not medically necessary.