

<b>Case Number:</b>	CM14-0062402		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/11/2011
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 (IW) is a 54 year old female who sustained an industrial injury on 09/11/2011. She reported bilateral shoulder pain with radicular symptoms and lumbar pain with radicular symptoms. Her pain is rated at a 5/10. The injured worker was diagnosed as having cervical spine disc syndrome, right shoulder sprain/strain, bilateral wrist tendinitis, bilateral carpal tunnel syndrome (left greater than right), low back pain, and lumbar radiculopathy. Treatment to date has included oral medications, epidural steroid injections, and use of an electronic muscle stimulator unit for pain relief (which she states is beneficial). Currently, the injured worker complains of bilateral shoulder pain radiating to the arms and low back pain that radiates to the lower extremities. She also complains of headache and pain radiating down the bilateral hands and arms with associated numbness and tingling. She had a selective epidural right C6-C7 nerve block (03/25/3014) that she states left her feeling the same but left her off balance with a loss of appetite and fatigue. She states her medications are now helping her pain. On exam there is tenderness in the paraspinal muscles, bilateral trapezius and median nerve, right greater than left as well as spasm in the trapezius and paravertebral muscles. On examination of the cervical spine there is anterior head carriage and abnormal lordosis. Cervical flexion to both right and left is diminished at 20 degrees; extension is slightly diminished at 50 degrees. There is pain with abduction and flexion of the shoulder. Tenderness is present in both shoulders right greater than left and in the acromioclavicular joint and there is diminished range of motion in all planes. Impingement sign is positive. On the wrists Tinel is positive on the right and left. Phalen is positive on both right and left. Seated and supine straight leg raise is positive

bilaterally. The treatment recommendations include await authorization of MRI lumbar spine, Request a electromyogram/nerve conduction velocity study, and provide medication refills as needed and monitor their impact and her compliance. Retrospective requests were submitted for Cyclobenzaprine (Flexeril) Tablets 7.5mg, #90, Quazepam (Doral Tablets) 15mg, #30, and: Hydrocodone/acetaminophen (Vicodin) 5/500mg, #120, DOS: 3/14/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Request DOS: 3/14/14: Cyclobenzaprine (Flexeril) Tablets 7.5mg, #90:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

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

**Decision rationale:** The patient is a 54 year old female with an injury on 09/11/2011. She has back, neck, shoulder and wrist pain. Tinel and Phalen signs are positive. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

**Retrospective Request DOS: 3/14/14: Quazepam (Doral Tablets) 15mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**Decision rationale:** The patient is a 54 year old female with an injury on 09/11/2011. She has back, neck, shoulder and wrist pain. Tinel and Phalen signs are positive. Quazepam is a benzodiazepine. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary. Additionally, benzodiazepines are controlled substances with a high addiction risk. MTUS Chronic Pain guidelines specifically note on page 24 that benzodiazepines are not recommended.

**Retrospective Request DOS 3/14/14: Hydrocodone/acetaminophen (Vicodin) 5/500mg, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 54 year old female with an injury on 09/11/2011. She has back, neck, shoulder and wrist pain. Tinel and Phalen signs are positive. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.