

<b>Case Number:</b>	CM15-0015645		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Ohio, North Carolina, Virginia  
 Certification(s)/Specialty: Family Practice

### 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 62-year-old female, with a reported date of injury of 12/07/2011. The diagnoses include cervical spondylosis, foraminal stenosis C5-6 with radiculopathy, and thoracic myofascial pain. Treatments have included oral medications, myofascial release of the cervical and thoracic spine, and acupuncture for cervical and thoracic spine. The progress report dated 12/01/2014 indicates that the injured worker complained of cervical pain with right upper extremity symptoms, rated 6 out of 10, and thoracic pain, rated 5 out of 10. Her activities of daily living were maintained with medications. The objective findings showed tenderness of the cervical spine and spasm of the cervical trapezius and cervical paraspinal musculature and thoracic paraspinal musculature. The treating physician requested continued myofascial release for the cervical and thoracic spine, continued acupuncture for the cervical and thoracic spine, tramadol, and cyclobenzaprine for severe spasm. On 12/31/2014, Utilization Review (UR) modified the request for myofascial release cervical and thoracic spine two times a week for four weeks up to five times per year, acupuncture two times a week for four weeks for the cervical and thoracic spine up to five times per year, and denied the request for tramadol 150mg #60 and cyclobenzaprine 7.5mg #90 one by mouth three times a day as needed for spasms. The UR physician noted that the injured worker had been certified to undergo a trial of acupuncture treatment, and the use of a massage as an addition would be indicated. The UR physician also noted that the use of Tramadol did not result in diminish pain levels or provide functional improvement, the guidelines indicate that a dose of non-steroidal anti-inflammatory medication may be increased to 1500mg per day for limited periods, and long-term use of cyclobenzaprine is

not recommended. The MTUS Chronic Pain Guidelines, the ACOEM Guidelines, the MTUS Acupuncture Medical Treatment Guidelines were cited.

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

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

**Naproxen Sodium 550 mg #90 QTY: 90.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 73.

**Decision rationale:** Naproxen (Naprosyn): delayed release (EC-Naprosyn), as Sodium salt (Anaprox, AnaproxDS, Aleve [otc]) Generic available; extended-release (Naprelan): 375 mg. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information:Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morningand evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of naproxyn for limited periods when a higher level of analgesic/anti-inflammatory activity isrequired (for up to 6 months). In this instance, the daily Naprosyn dose proposed is 1650 mg which exceeds the recommended limits. Therefore, Naproxen Sodium 550 mg #90 QTY: 90.00 is not medically necessary.

**Myofascial release for the cervical and thoracic spine 2 times 4 up to 5 times per year QTY: 40.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back

**Decision rationale:** Massage is recommended as an option as an adjunct to an exercise program, although there is conflicting evidence of efficacy. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. The guidelines are silent regarding what frequency a course of massage may be repeated and thus this should occur on a case by case basis. Because the request if for myofascial release over 4 weeks to be repeated up to 5 times a year, the desired services are not considered medically necessary in accordance with the referenced guidelines.

**Acupuncture 2 times 4 for the cervical and thoracic spine up to 5 times per year QTY: 40.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back

**Decision rationale:** Acupuncture is under study for upper back, but not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. The beneficial effects of acupuncture for pain may be due to both nonspecific and specific effects. Because the request includes acupuncture treatments for the cervical region, acupuncture 2 times a week for 4 weeks for the cervical and thoracic spine up to 5 times per year QTY: 40.00 is not medically necessary.

**Tramadol 150 mg #60 QTY: 60.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Patients prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality and/or the injured worker has regained employment. In this instance, good pain relief from tramadol is documented without side effects and specific examples of improved functionality are given as a consequence. Therefore, Tramadol 150 mg #60 QTY: 60.00 is medically necessary.

**Cyclobenzaprine 7.5 mg 1 po TID prn spasms #90:** 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 Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation Pain (Chronic)

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief and not exceed 2-3 weeks. In this instance, cyclobenzaprine appears to have been in use for a time period which

exceeds the guideline recommendations. Therefore, Cyclobenzaprine 7.5 mg 1 po TID prn spasms #90 with reference to the cited guidelines.