

<b>Case Number:</b>	CM15-0015786		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	07/17/2001
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/22/2015
<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: 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 59 year old male, who sustained an industrial injury on 7/7/01. He has reported head and neck injury. The diagnoses have included chronic cervical sprain with herniation C5-6, status post anterior cervical fusion bilateral carpal tunnel syndrome, status post median nerve release at wrists; chronic lumbosacral sprain with discogenic disease; medial meniscal tear left knee, status post arthroscopic procedure left knee; and status post right hand middle finger releases. Treatment to date has included C4-5 fusion with failure of fusion, oral medications, carpal tunnel release, physical therapy and aqua therapy. Currently, the injured worker complains of increasing, intense pain from fingers to elbow. Physical exam dated 12/18/14 revealed palpable tenderness to bilateral posterior neck musculature, right greater than left. On 1/22/15 Utilization Review non-certified Amrix 15mg #60, noting the injured worker has been using this medication far longer than the recommended maximum time frame and modified a prescription for Tylenol No. 3 30mg #60 to #45, noting there is no evidence of pain reduction and weaning is recommended. The MTUS, ACOEM Guidelines, was cited. On 1/27/15, the injured worker submitted an application for IMR for review of Tylenol No.3 (with Codeine) 30mg #60 modified to #45 and Amrix 15mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No. 3 (with codeine) 30 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with cervical spine pain, mid cervical spine, and to the right. The request is for TYLENOL NO. 3 (WITH CODEINE) 30MG #60. The request for authorization is dated 01/04/15. The patient is status-post cervical spine surgery 2002. Patient has been having numbness to both arms and he has been having episodes that he describes as locking. Patient's medications include Atenolol, Metformin, Lipitor, Tylenol No. 3, Amrix, Nexium, Cymbalta, Lisinopril and Warfarin. Patient is on disability. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater has not provided reason for the request. The patient has been prescribed Tylenol No. 3 since at least 08/19/13. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4 A's, treater has not discussed how Tylenol No. 3 significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Tylenol No. 3. No validated instrument has been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There was no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Amrix 15 mg #60:** Upheld

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

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

**Decision rationale:** The patient presents with The patient presents with cervical spine pain, mid cervical spine, and to the right. The request is for AMRIX 15MG #60. The request for authorization is dated 01/04/15. The patient is status-post cervical spine surgery 2002. Patient has been having numbness to both arms and he has been having episodes that he describes as locking. Patient's medications include Atenolol, Metformin, Lipitor, Tylenol No. 3, Amrix, Nexium, Cymbalta, Lisinopril and Warfarin. Patient is on disability.MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. "Treater has not provided reason for the request. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Patient has been prescribed Amrix since at least 08/19/13. The request for Amrix #60 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.