

Case Number:	CM15-0018129		
Date Assigned:	02/06/2015	Date of Injury:	02/14/2014
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/30/2015

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: Internal 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 44 year old female with an industrial injury dated February 14, 2014. The injured worker diagnoses include joint pain shoulder and rotator cuff disorder in shoulder region. She has been treated with radiographic imaging, diagnostic studies, prescribed medication, acupuncture, and periodic follow up visits. According to the progress note dated 1/8/2015, the treating physician noted left shoulder stiffness, cervical spine pain which was causing migraines and lumbar spine pain radiating down the left lower extremity. The treating physician prescribed Tylenol #4 quantity: 60 and Flexeril 10mg, quantity: 60. Utilization Review determination on January 27, 2015 modified the request to one month supply of Tylenol #4 for weaning purposes and denied the request for Flexeril 10mg, quantity: 60 citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4, quantity: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Codeine Page 35.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Codeine is recommended as an option for mild to moderate pain. Medical records document a history of disc herniation of the cervical spine at the C5-6 level, rotator cuff tear of the left shoulder, and lumbosacral spine with disc herniation at the L5-S1 level. The primary treating physician's progress report dated 1/8/15 documented left shoulder, cervical spine, migraine headaches, and lumbar spine pain radiating down the left lower extremity. Analgesia was addressed. Evaluation for aberrant behavior was documented. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Codeine is recommended as an option for mild to moderate pain. The request for Tylenol #4 is supported by the medical records and MTUS guidelines. Therefore, the request for Tylenol #4 is medically necessary.

Flexeril 10mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Pages 41-42. Muscle relaxants Pages 63-66.. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical

records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Flexeril (Cyclobenzaprine) for chronic conditions. Medical records indicate the long-term use of the muscle relaxant Flexeril, which is not supported by MTUS or FDA guidelines. The use of Flexeril is not supported by MTUS or ACOEM guidelines. Therefore, the request for Flexeril is not medically necessary.