

<b>Case Number:</b>	CM15-0116043		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old man sustained an industrial injury on 11/14/2014. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 4/15/2015. Diagnoses include neck pain, headache, and thoracic spine pain. Treatment has included oral medications and acupuncture. Physician notes dated 5/21/2015 show complaints of headache and neck pain. Recommendations include physical therapy, Relafen, Flexeril, and follow up in four to six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 750mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen, generic available) Page(s): 72-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-71.

**Decision rationale:** The claimant sustained a work-related injury in November 2014 and continues to be treated for non-radiating neck pain. When seen, pain was rated at 5/10. There was cervical spine tenderness with decreased range of motion. The claimant had previously been treated with physical therapy with only slight benefit. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of Relafen of 2000 mg/day. In this case, the requested dose is within guideline recommendations and medically necessary.

**Flexeril 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work-related injury in November 2014 and continues to be treated for non-radiating neck pain. When seen, pain was rated at 5/10. There was cervical spine tenderness with decreased range of motion. The claimant had previously been treated with physical therapy with only slight benefit. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no muscle spasms by physical examination or as a complaint. The quantity prescribed was consistent with more than 3 weeks' use. The request was not medically necessary.

**Physical therapy 2 x a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in November 2014 and continues to be treated for non-radiating neck pain. When seen, pain was rated at 5/10. There was cervical spine tenderness with decreased range of motion. The claimant had previously been treated with physical therapy with only slight benefit. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and the claimant has already had physical therapy without substantial improvement. The number of visits requested is in excess of what would be expected to determine whether repeat physical therapy might more effective. The request is not medically necessary.

