

Case Number:	CM15-0099262		
Date Assigned:	06/01/2015	Date of Injury:	03/12/2010
Decision Date:	07/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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 49-year-old male who sustained an industrial injury on 03/12/2010. Current diagnoses include cervical disc disease, cervical spine radiculopathy, and opioid tolerance. Previous treatments included medication management, shoulder surgeries, massage therapy, and physical therapy. Report dated 04/14/2015 noted that the injured worker presented with complaints that included neck pain that radiates down the right and left sides with numbness and tingling. Pain level was 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for decreased sensation in the upper extremities, decreased reflexes in the right biceps tendon, positive cervical compression test with tenderness in the right trapezius, and decreased range of motion in the cervical spine. The treatment plan included discussion of treatment options, refilled Norco, Flexeril, and ibuprofen, request for cervical epidural steroid injection, discussed signing a pain contract, and follow up in a month. Disputed treatments include retrospective 90 Tablets of Ibuprofen 800mg (DOS 4/14/2015) and retrospective 90 tablets of Flexeril 10mg (DOS 4/14/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 90 Tablets of Ibuprofen 800mg DOS: 4/14/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 4/14/15 progress report provided by the treating physician, this patient presents with neck pain that radiates down right and left sides, with pain rated 7/10 on VAS scale with numbness/tingling. The treater has asked for 90 TABLETS OF IBUPROFEN 800MG on 4/14/15. The request for authorization was not included in provided reports. The patient has had prior physical therapy and massage therapy per 3/30/15 report. The patient is s/p a cervical MRI on 7/24/14 and 3 prior shoulder surgeries on the left side per 4/14/15 report. The patient's current medications include Albuterol, Norco, Flexeril, and Ibuprofen per 4/14/15 report. The patient's physical examination on 4/14/15 showed decreased range of motion of the Palo Alto and decreased sensation in the C5 and C6 dermatomes bilaterally. The patient is currently not working per 3/30/15 report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is taking Ibuprofen in reports dated 10/14/14, 2/16/15, and 4/14/15. The patient has been taking Ibuprofen for 5 months. The treater states that Ibuprofen takes the patient's pain down from an 8-9/10 to 5-6/10 per 3/7/15 report. The treater again states that Ibuprofen takes the patient's pain down from a 8/10 to a 5/10 per 3/30/15 report. It appears Ibuprofen has been effective in reducing the patient's pain, as documented by the treater. Therefore, the request for a refill of Ibuprofen IS medically necessary.

Retrospective 90 tablets of Flexeril 10mg DOS: 4/14/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Flexeril Page(s): 63-66, 41-42.

Decision rationale: Based on the 4/14/15 progress report provided by the treating physician, this patient presents with neck pain that radiates down right and left sides, with pain rated 7/10 on VAS scale with numbness/tingling. The treater has asked for 90 TABLETS OF FLEXERIL 10MG on 4/14/15. The request for authorization was not included in provided reports. The patient has had prior physical therapy and massage therapy per 3/30/15 report. The patient is s/p a cervical MRI on 7/24/14 and 3 prior shoulder surgeries on the left side per 4/14/15 report. The patient's current medications include Albuterol, Norco, Flexeril, and Ibuprofen per 4/14/15 report. The patient's physical examination on 4/14/15 showed decreased range of motion of the Palo Alto and decreased sensation in the C5 and C6 dermatomes bilaterally. The patient is currently not working per 3/30/15 report. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option

for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The patient is using Flexeril in reports dated 10/14/14, 1/16/15, and 3/30/15. The 3/23/15 report states that the patient does not show any abuse, overuse or adverse reactions through the use of this medication. However, the MTUS guidelines recommend short-term use of Flexeril for no more than 2-3 weeks. The patient has been using this medication for 5 months. Furthermore, the request for #90 does not suggest short-term use. The request IS NOT medically necessary.