

Case Number:	CM13-0015842		
Date Assigned:	10/09/2013	Date of Injury:	08/02/2001
Decision Date:	06/13/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

51y/o male injured worker with date of injury 8/2/01 with related neck pain and pain in the trapezius muscles. Per 9/13/13 progress report, he had weakness of the right shoulder. He is status post left shoulder arthroscopic decompression (2002); anterior to posterior C6-C7 arthrodesis (2003); and right shoulder arthroscopic decompression, distal clavicle resection and debridement of partial thickness undersurface supraspinatus and infraspinatus and labral tears (6/12/13). MRI of the right shoulder dated 10/15/12 revealed moderate tendinosis of the supraspinatus portion of the rotator cuff, lateral downsloping of the acromion process and moderate acromioclavicular joint arthropathy. He has been treated with chiropractic therapy, physical therapy, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF FEXMID (CYCLOBENZAPRINE) 7.5MG, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states to recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Fexmid: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. The documentation submitted for review indicates that the injured worker suffers from chronic pain syndrome and suffers from chronic muscle spasms predominantly in the cervical paravertebral region, as well as in the right shoulder periscapular region involving mostly the right upper trapezius, right levator scapula and occasionally the rhomboid and other periscapular muscles. It is noted that the injured worker has failed Robaxin, Zanaflex, and Norflex, but that Fexmid is effective in reducing the pain caused by his muscle spasms. I respectfully disagree with the UR physician's assertion that this medication has no efficacy beyond first line analgesics/NSAIDs. Additionally, the documentation does not suggest that it has yet been used long term. The request is medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF COLACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacological Therapy. Gerontological Nursing Interventions Research Center, Research Translation And Dissemination Core; 2009 Oct. 51 P [44 References].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 77.

Decision rationale: The guideline indicates that prophylactic treatment of constipation should be initiated with the use of opioids. The injured worker is being treated with opioids and has reported that the use of Colace has helped with related constipation. However, as the request does not contain dosage and quantity information, medical necessity cannot be affirmed.