

<b>Case Number:</b>	CM13-0023603		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	08/03/2004
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	08/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine 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 physician 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.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and right shoulder pain reportedly associated with an industrial injury of August 3, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; attorney representation; computerized range of motion testing; prior right shoulder rotator cuff repair surgery on July 26, 2013; and extensive periods of time off of work. In a utilization review report of August 25, 2013, the claims administrator denied a request for Flexeril, denied a request for consultation, and denied a request for tramadol. The applicant's attorney later appealed, on September 11, 2013. The applicant's care has been complicated by comorbid diabetes, it is suggested on prior note of July 19, 2013. The applicant is reportedly off of work and disabled as of that date. His medication list includes tramadol, Prilosec, Flexeril, metformin, Lipid, and aspirin. An earlier mental health note of September 18, 2012 is notable for comments that the applicant is having a reactive adjustment disorder with depression and anxiety and resultant GAF of 65. It is stated that the applicant has a remote history of a prior DUI. A September 30, 2013 progress note is notable for comments that the applicant reports persistent shoulder pain following surgical procedure. The applicant is given prescriptions for Flexeril, tramadol, and Prilosec. It is stated that the Prilosec is being employed for protective purposes. It is stated that the applicant will remain off of work, on total temporary disability and consult a chronic pain physician, Dr. [REDACTED], for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #90 between 7/30/13 and 7/30/13: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine or Flexeril is recommended for postoperative use purposes. In this case, the request for authorization was initiated on July 30, 2013, four days after the applicant underwent prior shoulder surgery on July 26, 2013. Employing Flexeril was indicated in this context. While, ideally, a shorter course of therapy would have been more appropriate, as suggested on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the independent medical review process does not afford a reviewer with an opportunity to issue conditional or qualified certification. Therefore, the original utilization review decision is overturned. Flexeril 7.5mg #90 between 7/30/13 and 7/30/13 is medically necessary and appropriate.

**Unknown prescription for unknown patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are considered largely experimental. In this case, the name of the topical agent or topical compound in question was not clearly stated. It was not clearly stated why the applicant could not use first line oral analgesics, as suggested in the MTUS-adopted ACOEM Guidelines in chapter 3. It is further noted that prescription for cyclobenzaprine has been certified above. All of the above taken together has been certified above effectively obviating the need for unknown topical patches. The request for an unknown prescription for unknown patches is not medically necessary and appropriate

**One referral to Dr. [REDACTED] for consultation between 7/30/13 and 10/12/13:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The limited information on file suggests that Dr. [REDACTED] is a chronic pain physician or chronic pain specialist. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints should lead an attending provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In

this case, the applicant's failure to progress, failure to respond to operative and non-operative interventions, and failure to return to any of form does make the case for consultation with another physician specializing in delayed recovery. The request for One referral to Dr. [REDACTED] for consultation between 7/30/13 and 10/12/13 is medically necessary and appropriate.