

Case Number:	CM13-0025749		
Date Assigned:	03/26/2014	Date of Injury:	09/10/2008
Decision Date:	08/05/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 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:

The injured worker was injured on 09/10/08. Her medications Flexeril, Medrox, and Prilosec are under review. On 09/12/13, she was seen for her neck, shoulders, elbows, and wrists. Her symptoms were unchanged. She had increased right shoulder pain. She had been approved for an MRA with contrast. She was taking medications to be functional and was using a patch. She was not working, was doing minimal chores around the house, and had difficulty sleeping. She has been prescribed multiple medications. On 08/28/13, she had been prescribed Tramadol, Flexeril, Naproxen, Medrol Dosepak, and Prilosec. Some were certified and some were not. On 10/02/13, she was seen for an orthopedic surgical evaluation of her cervical spine, shoulders, and upper extremities. She is status post right shoulder arthroscopic surgery with subacromial decompression and labral repair on 02/13/12. She had normal neurodiagnostic studies. An MRI of the left shoulder in October 2012 showed rotator cuff tendinosis. She had a postop therapy program for her right shoulder but it had increased her problems. She had persistent pain that increased with various activities, with evidence of impingement. She was diagnosed with rotator cuff tendinosis and a labral tear. She had postop adhesive capsulitis of the right shoulder, as well as rotator cuff tendinosis of the left shoulder and repetitive stress injury of the hands and wrists. She had reached maximum medical improvement. She has also had acupuncture. There are multiple notes for visits for repetitive transcranial magnetic stimulation treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for the use of cyclobenzaprine. MTUS Guidelines state that Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better and treatment should be brief. Additionally, MTUS and ODG state relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which MTUS Guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the injured worker's pattern of use of medications and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request is not medically necessary.

MEDROX PATCHES #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Medrox patches. The MTUS Guidelines state topical agents may be recommended as an option but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. A record of pain and function with the medication should be recorded. Additionally, MTUS and ODG state relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. There is no evidence of failure of all other first line drugs. The injured worker received other oral medications, also with no evidence of intolerable side effects or lack of effect. As such, the request is not medically necessary.

PRILOSEC 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Prilosec. The MTUS Guidelines state, Proton Pump Inhibitors (PPIs) are recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. As such, this request is not medically necessary.