

Case Number:	CM13-0039552		
Date Assigned:	12/20/2013	Date of Injury:	10/08/2011
Decision Date:	02/13/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

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 Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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. 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:

This patient is a 57 year old male with date of injury 10/8/11. The mechanism of injury is described as overuse of the right knee. The patient has complained of chronic left knee pain, bilateral shoulder pain and neck and back pain. Surgical procedures thus far have included one arthroscopic repair of the right knee. MRI of the right knee performed in 01/13 showed a horizontal tear of the posterior horn of the medial meniscus, small joint effusion and mild chondromalacia. The patient has been treated with acupuncture, physical therapy, medications, cortisone injections and supartz injections. Objective: positive impingement sign bilateral shoulders, tenderness of the bilateral lateral epicondyles, tenderness to palpation of the right knee, tenderness of the bilateral shoulders. Diagnoses: bilateral shoulder rotator cuff injury, repetitive strain injury, internal derangement right knee, myofascial pain. Treatment plan and request: Flexeril, Mobic, Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 milligram #30: Upheld

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

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

Decision rationale: This patient is a 57 year old male with chronic left knee pain, bilateral shoulder pain and neck and back pain, diagnosed with shoulder impingement, myofascial pain syndrome and right knee internal derangement. He has been treated with Flexeril 10 mg since at least 01/2013 per the available provider notes. Per the MTUS guidelines cited above, flexeril, a muscle relaxant, is indicated for short term use (2-3 weeks) for the treatment of back pain and as stated, its use should be brief. Furthermore, the addition of Flexeril to other agents is not recommended. The duration of use in this patient far exceeds the recommended MTUS guidelines for use and its addition to other medications is not supported. Flexeril is therefore not indicated as medically necessary in this patient.

Mobic 7.5 milligrams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: This patient is a 57 year old male with chronic left knee pain, bilateral shoulder pain and neck and back pain, diagnosed with shoulder impingement, myofascial pain syndrome and right knee internal derangement. He has been treated with Mobic 7.5 mg since at least 01/13 per the available provider notes. Per the MTUS guidelines cited above, Mobic, a nonsteroidal anti-inflammatory agent is indicated in the treatment of osteoarthritis at the lowest effective dose and for the shortest period of time possible. Additionally, the guidelines state that there is no evidence of long term effect for pain or function with the use of chronic nsaid. The available provider records indicate that the patient has not experienced an improvement in symptoms while taking Mobic for the preceding 7 months. . In a provider note dated 07/2013, it is recorded that the patient notes that nsaid have not been helpful. On the basis of the lack of efficacy of Mobic in this patient during a seven month treatment period, and the lack of evidence of efficacy for long term use, Mobic is not indicated as medically necessary.

Tylenol #3 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: criteria for use Page(s): 76-85, 88-89.

Decision rationale: This patient is a 57 year old male with chronic left knee pain, bilateral shoulder pain and neck and back pain, diagnosed with shoulder impingement, myofascial pain syndrome and right knee internal derangement. He has been treated with Tylenol #3 since at least 01/13 per the available provider notes. Per the MTUS guidelines cited above, physician provider reports must address the specific indications for ongoing use of opioids as well as assess the patient with respect to function, specific benefit, return to work, signs of abuse and

discussion of treatment alternatives other than opioids. There is no documentation of specific functional benefit or adequate monitoring during the documented office visits. With this lack of documentation, Tylenol #3 is not indicated as medically necessary.