

Case Number:	CM13-0041726		
Date Assigned:	03/24/2014	Date of Injury:	03/23/2007
Decision Date:	04/29/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 patient is a 66-year-old female who reported an injury on 03/23/2007. The mechanism of injury was not stated. The patient is diagnosed with frozen left shoulder, rotator cuff tendonitis; status post left shoulder rotator cuff repair, right shoulder impingement syndrome, cervical strain, cervical radiculopathy, and depression. The patient was seen by [REDACTED] on 02/07/2014. The patient reported significant pain in the left shoulder and neck. The patient was awaiting authorization for left shoulder surgery. Physical examination revealed tenderness to palpation, positive muscle spasm, 5/5 motor strength in bilateral upper extremities, diminished sensation in a C6 nerve root distribution, painful range of motion of the cervical spine, tenderness to palpation of the lumbar and thoracic spine with muscle spasm, 4/5 resisted abduction strength in the left shoulder, and diminished range of motion of the left shoulder. Treatment recommendations at that time included a functional restoration program and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There is no specific quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

DECLOFENAX XR 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 67-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. There is no specific quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

TRAMADOL ER 150MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no specific quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.