

<b>Case Number:</b>	CM13-0059163		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 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:

This patient is a 46-year-old female with a date of injury of 09/10/2012. Per the treating physician's report dated 10/18/2013, the patient is taking Tylenol No. 3 three to four tablets a day for right shoulder pain. Under diagnoses, it reads status post right shoulder SLAP repair, subacromial decompression, et cetera, from 01/31/2013. The patient was to discontinue chiropractic treatments and request authorization for acupuncture to address upper trapezial myofascial pain. The 05/21/2013 report is reviewed, another handwritten report, which lists what appears to be range of motions at 130 and 120 degrees and has a diagnosis of right superior labral tear from anterior to posterior (SLAP) and seasonal affective disorder (SAD). The treatment plan was to complete physical therapy, Flexeril, Naprosyn, and Tramadol. On 06/14/2013, the discussion states "urine sample was negative for amphetamine, barbiturates, benzodiazepines, methadone, narcotics, opiates, oxycodone, propoxyphene" et cetera.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TYLENOL ##, 300/30MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** The MTUS Chronic Pain Guidelines regarding chronic opioid use require documentation of the 4 A's including analgesia, ADLs, adverse effects, and adverse drug-seeking behavior. Furthermore, outcome measures including pain level, average pain, time it takes for medication to work, duration of medication, efficacy, et cetera, are required. In this patient, none of this information was provided. All the reports are handwritten. It is very difficult to read and none of the reports discussed medication efficacy and how the patient has done with pain and function due to use of Tylenol No. 3. Consequently, the request is not medically necessary and appropriate.

**ANAPROX DS 550MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

**Decision rationale:** The MTUS Chronic Pain Guidelines do support use of NSAIDs at least for short term to address chronic musculoskeletal pain that this patient suffers from. MTUS Chronic Pain Guidelines require documentation of pain and function when medications are already used for chronic pain conditions. In this case, none of the medical records provided for review discussed medication efficacy. The request is therefore not medically necessary and appropriate.

**FEXMID 7.5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 64.

**Decision rationale:** This patient presents with chronic shoulder pain being status post shoulder surgery from January 2013. The request is for Fexmid which is Flexeril 7.5 mg #60. MTUS Chronic Pain Guidelines only allow short-term use of Cyclobenzaprine or Flexeril to manage acute pain and spasms. Flexeril is recommended for 2 to 3 days use only and no more than 2 to 3 weeks at one time. In this case, the request is for #60 and appears to be for long-term use. The treating physician does not indicate that this is to be used for short term only. The request is therefore not medically necessary and appropriate.