

Case Number:	CM13-0059380		
Date Assigned:	12/30/2013	Date of Injury:	10/30/2003
Decision Date:	04/07/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	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, has a subspecialty in Pediatric Rehabilitation Medicine 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 47-year-old female who reported an injury on October 30, 2003. The patient reported a gradual onset of symptoms in the right upper extremity. The patient is diagnosed as status post right shoulder surgery; rule out carpal tunnel syndrome, and bilateral cubital tunnel syndrome. [REDACTED] saw the patient on November 01, 2013. The patient reported persistent neck and bilateral shoulder pain, rated 8/10. Physical examination revealed tenderness to palpation of bilateral shoulders, cervical spine, and trapezius. Treatment recommendations included continuation of current treatment as well as a trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®®, Amrix®®, Fexmid®®, generic available).

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

Decision rationale: According to the California MTUS Guidelines 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 weeks to 3 weeks. As per the documentation submitted for review, the patient has utilized cyclobenzaprine 7.5mg since at least June 25, 2013. Despite ongoing use of this medication, the patient has reported 8/10 pain. There is no documentation of a satisfactory response to treatment. The patient's most recent physical examination revealed palpable muscle spasm, as well as tenderness to palpation. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate.

FLECTOR PATCHES 1%, 30 COUNT WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Flector® patch (diclofenac epolamine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Flector Patch contains diclofenac epolamine. Topical Diclofenac is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. There is no evidence of a failure to respond to first line oral medication. Additionally, the patient has continuously utilized this medication. There is no documentation of a satisfactory response to treatment. Based on the clinical information received, the request is not medically necessary.

ONE TRIGGER POINT INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The Chronic Pain Guidelines indicate that trigger point injections are recommended only for myofascial pain syndrome. According to the documentation submitted, there is no evidence of circumscribed trigger points with a twitch response as well as referred pain. There is no indication of a failure to respond to appropriate medical management therapy such as exercises, physical therapy, and muscle relaxants. There is also no evidence of a 50% pain relief following an initial injection. Based on the clinical information received, the request is not medically necessary.