

Case Number:	CM13-0070106		
Date Assigned:	01/03/2014	Date of Injury:	02/10/2009
Decision Date:	05/26/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/24/2013

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 and 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:

The injured worker is a 69-year-old male with a reported injury date on 02/10/2009 from an unknown mechanism of injury. The clinical note dated 08/28/2013, reported subjective findings to include left shoulder weakness that increases with lifting, pushing, pulling, lifting overhead, and forward reaching. The objective findings included unspecific pain upon palpation to left shoulder, positive subacromial crepitus, positive impingement, weakness measured at 4/5 in flexion, abduction, and external rotation, and range of motion measured at "92/84/86/44/60". The clinical note also referenced an unofficial MRI conducted on 12/12/2012, which revealed left shoulder osteoarthritis of glenohumeral joint, arthropathy of acromioclavicular joint, tendinosis of supraspinatus tendon without tear, and tenosynovitis of the biceps tendon. The prior medications included Norco 2.5/325mg #60 for treatment of chronic pain syndrome and Voltaren XR for reduction of pain and inflammation to regain activity and function. The diagnoses listed included bilateral shoulder periscapular strain/tendinosis/bursitis, bilateral elbow lateral epicondylitis, bilateral forearm and wrist tendonitis with possible carpal tunnel syndrome, bilateral knee AFA, and suspected osteoarthritis status post left total knee replacement. A request for authorization for cyclobenzaprine 7.5mg #60 was submitted on 11/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZPRINE (FLEXERIL), Page(s): 41-42.

Decision rationale: The injured worker was documented as having unspecific pain upon palpation to the left shoulder and had an unofficial MRI on 12/12/2012, which revealed left shoulder osteoarthritis of glenohumeral joint, arthropathy of acromioclavicular joint, tendinosis of supraspinatus tendon without tear, and tenosynovitis of the biceps tendon. It was also documented that the injured worker received prior medication to include Norco 2.5/325mg. The Chronic Pain Guidelines recommend cyclobenzaprine as an option for the management of back pain. The guidelines also note the effect is greatest in the first four (4) days of treatment, suggesting that shorter courses may be better. The documentation provided showed no evidence that the injured worker was experiencing back pain and the request would exceed the recommended four (4) days of treatment. The Guidelines also indicate that muscle relaxants may be effective for short term use in the treatment of acute exacerbations of chronic low back pain and muscle tension. The documentation provided did not show evidence that the injured worker had complaints of chronic low back pain or muscle spasms. Within the provided documentation it was unclear how long the injured worker has been using the medication. Furthermore, it does not specify the frequency at which the requested medication should be given. Due to these facts, the request is non-certified.

NORCO 7.5/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE AND OPIOIDS, SPECIFIC DRUG LIST Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75-80.

Decision rationale: The injured worker was documented as having unspecific pain upon palpation to the left shoulder and had an unofficial MRI on 12/12/2012, which revealed left shoulder osteoarthritis of glenohumeral joint, arthropathy of acromioclavicular joint, tendinosis of supraspinatus tendon without tear, and tenosynovitis of the biceps tendon. It was also documented that the injured worker received prior medication to include Norco 2.5/325mg. The Chronic Pain Guidelines recommend the use of Norco as an effective method in controlling chronic pain. However, the guidelines also state that there must be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was a lack of documentation provided that showed evidence of adequate pain relief, improved functional status, possible side effects, or the use of urine drug screens with the prior medication use. Additionally, it does not specify the frequency at which the requested medication should be given. Due to these facts, the request is non-certified.

