

Case Number:	CM14-0013603		
Date Assigned:	02/26/2014	Date of Injury:	09/18/2009
Decision Date:	08/04/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational Medicine 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 patient is a 49-year-old female who has submitted a claim for Industrial Injury to the Bilateral Shoulders and Cervical Spine and Cervical Spine Degenerative Disc Disease associated with an industrial injury date of September 18, 2009. Medical records from 2013 were reviewed, which showed that the patient complained of bilateral shoulder pain. She also had difficulty sleeping, maintaining postures, and performing repetitive over activities. On physical examination, left shoulder range of motion was within normal limits. Empty can test, Hawkins, Kennedy, and Neer tests were positive. Treatment to date has included physical therapy, chiropractic care, right shoulder arthroscopic surgery, bilateral shoulder Kenalog injections, cervical epidural steroid injection, and medications including Flexeril 10 mg 1 PO TID prn spasm (since at least December 2013). Utilization review from January 2, 2014 denied the request for 1 prescription of Flexeril 10 mg #90 and 1 spinal Q brace. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to pages 41-42 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. In this case, Flexeril was being prescribed since December 2013 (seven months to date). There was no rationale provided as to why long-term treatment with Flexeril was needed for this patient when guidelines state that shorter treatment courses may be better. Therefore, the request for Flexeril 10 mg #90 is not medically necessary.

Spinal Q brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to page 301 of the ACOEM Practice Guidelines referenced by CA MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, a spinal Q-brace was prescribed because the patient had difficulties maintaining posture with impingement sign on the left shoulder. However, given the 2009 date of injury, the patient's back problems are already considered chronic in nature. There was no rationale provided as to how a back brace would benefit the patient when guidelines state that back braces do not have lasting effects beyond the acute phase of treatment. Therefore, the request for Spinal Q brace is not medically necessary.