

Case Number:	CM14-0016453		
Date Assigned:	04/11/2014	Date of Injury:	01/13/2009
Decision Date:	05/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 Orthopaedic Surgery, 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 59-year-old male sustained an industrial injury on 1/13/09 when he fell off a 24-foot ladder, landing on his left shoulder, elbow, wrist, knee, and lower back. He sustained a fracture of the left knee and left wrist laceration. He is status post left forearm/wrist repair and left knee arthroscopy x 2. The 7/18/13 pre-op internal medicine clearance noted sinus bradycardia requiring a follow-up echocardiogram that showed mild mitral and tricuspid regurgitation. Past medical history was also positive for gastrointestinal symptoms and hypertension. The 7/24/13 internal medicine report recommended the patient avoid Nonsteroidal anti-inflammatory drugs (NSAIDs). The patient underwent left shoulder rotator cuff repair, acromioplasty, and manipulation under anesthesia on 7/26/13. The 10/28/13 treating physician report cited subjective complaints of moderate neck, low back and left knee pain and mild right knee pain. The patient denied left shoulder pain. Exam finding noted mild loss of cervical range of motion, shoulder flexion and abduction limited mildly by pain, mild loss of bilateral knee range of motion with crepitus, and 4-/5 to 4/5 upper and lower extremity strength. The diagnosis included status post right shoulder surgery, status post lumbar shoulder surgery, status post left knee surgery x 2, cervical spine disc syndrome, rotator cuff rupture, low back syndrome, joint pain, and bilateral knee medial meniscus tear. Relafen was initiated to reduce pain and inflammation. Medications were dispensed, including Relafen 750 mg #90, Flexeril 7.5 mg #90, omeprazole 20 mg #60, and Tramadol 150 mg #30. Records indicate that the patient has been taking Flexeril since at least 7/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RELAFEN 750MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-73.

Decision rationale: Under consideration is a request for Relafen 750 mg #90. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend Relafen for the treatment of moderate to severe osteoarthritis pain at the lowest dose for the shortest period of time. Guidelines recommend the use of acetaminophen for initial therapy with patients with mild to moderate pain, and in particular, for those with gastrointestinal or cardiovascular risk factors. Guideline criteria have not been met for use of this medication. Relafen was dispensed to reduce pain and inflammation. There was no physical exam evidence suggestive of swelling or inflammation; there was no documentation suggestive of a symptom flare. Records indicate a past medical history of gastrointestinal symptoms and hypertension with prior internal medicine recommendation for avoidance of nonsteroidal anti-inflammatory drugs (NSAIDs). There is no indication that first-line medication (acetaminophen) had been tried and failed. Therefore, this request for Relafen 750 mg #90 is not medically necessary.

FLEXERIL 7.5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-64.

Decision rationale: Under consideration is a request for Flexeril 7.5 mg #90. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic lower back pain. Flexeril is not recommended to be used for longer than 2 to 3 weeks. Guidelines state that this medication should be avoided in patients with arrhythmias. Guideline criteria have not been met for use of this medication. Records indicate that this patient has been prescribed Flexeril since at least 7/18/13. There is no current documentation suggestive of an acute exacerbation of low back pain or muscle spasms. Records indicate that the patient has sinus bradycardia. Therefore, this request for Flexeril 7.5 mg #90 is not medically necessary.