

Case Number:	CM14-0122788		
Date Assigned:	08/08/2014	Date of Injury:	04/27/2012
Decision Date:	09/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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 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:

Progress report dated 05/28/2014 states the patient presented with complaints of increased pain in her right shoulder and bilateral hand along with increased numbness. She patient is unable to sleep at night due to the numbness in bilateral arms and hands. Objective findings on exam revealed restricted right shoulder active range of motion (AROM), unchanged, right shoulder flexion-abduction, 3-4/5, and positive end-range pain. Diagnoses are right shoulder AC joint shoulder impingement syndrome; right shoulder bicipital tendinosis rule out partial tear; right upper extremity radiculopathy; C6-C7 disk herniation resulting in minor spinal canal stenosis; Shoulder sprain/tear rotator cuff; cervical spine herniated nucleus pulposus (HNP); and cervical spine radiculopathy. The treatment and plan included right shoulder surgery and Flexeril 7.5 mg and Menthoderm 2 bottles. Prior utilization review dated 07/24/2014 states the request for Flexeril 7.5mg 1 tab orally three times a day for 3 months is denied as medical necessity has not been established. Menthoderm, 2 bottles is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg 1 tab po TID, 3 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant/Antispasmodics.

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

Decision rationale: According to MTUS guidelines, muscle relaxants are recommended for short-term treatment of acute exacerbations of chronic low back pain. However, in this case, the patient is prescribed Flexeril on a chronic basis without evident functional improvement. History and examination findings do not support an exception to guideline recommendations. Therefore, the request for Flexeril 7.5mg is not medically necessary.

Menthoderm, 2 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical Page(s): 105.

Decision rationale: This is a request for topical Menthoderm, which contains Menthol and Methyl Salicylate, for 64-year-old female injured on 4/27/12 with chronic bilateral upper extremity pain. According to MTUS guidelines, topical NSAIDs may be indicated after failure of oral first line medications for short-term treatment, 4-12 weeks, of osteoarthritis or tendinitis. However, in this case records demonstrate concurrent prescription of oral NSAIDs. There is no documentation of osteoarthritis or tendinitis of the hands or wrists. Topical NSAIDs are not recommended for the shoulders. Therefore, the request for Menthoderm, 2 bottles is not medically necessary.