

Case Number:	CM14-0135917		
Date Assigned:	09/03/2014	Date of Injury:	01/02/2012
Decision Date:	10/14/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/22/2014

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:

The claimant was injured on 01/02/12. Flexeril and Protonix are under review. He was diagnosed with trigger finger and a shoulder sprain. He also had an MRI on 11/14/13 that showed moderate acromioclavicular osteoarthritis and tendinosis of the supraspinatus, infraspinatus, and subscapularis tendons. On 01/06/14, ██████ recommended Voltaren, Protonix, Ultram, and Terocin. There was no rotator cuff tear. He saw ██████ on 05/05/14. Diagnoses were shoulder sprain and trigger finger. He saw ██████ for a QME and there was a supplemental report dated 08/03/14. ██████ reviewed an MR arthrogram revealed no evidence of a rotator cuff tear. There was some tendinitis. The labrum was intact. He was maximally medically improved but needed an injection of cortisone and MUA first. If he did not improve, surgery would be recommended. He had not had surgery was not done. He still had pain and decreased range of motion. His medications included Prilosec, tramadol, and Voltaren and his medical history included high blood pressure and diabetes. His present complaints including pain in the right shoulder with instability and a feeling of weakness and inability to move without severe pain. He had some numbness in his right hand. He was diagnosed with arthritis, adhesive capsulitis, probable rotator cuff tear with possible retraction, and possible involvement of the long head of the biceps tendon in the right shoulder. Arthroscopic surgery was recommended. An MRI on 06/27/14 showed evidence of tendinopathy and a small partial tear involving the supraspinatus. There was no full-thickness tear. There is mild to moderate degenerative change of the AC joint and a downsloping acromion process. The biceps labral complex was intact. There was possible adhesive capsulitis. It is not entirely clear when these medications were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg 1 tablet twice a day #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for cyclobenzaprine. The MTUS state for cyclobenzaprine (Flexeril), "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. (Browning, 2001). Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005)" Uptodate for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for cyclobenzaprine hydrochloride 7.5 mg #90 is not medically necessary.

Protonix 20mg 1 tablet OD as needed #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Protonix. The MTUS state proton pump inhibitors are "recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. In this case, there is no

documentation of GI conditions or increased risk to support the use of this medication. The medical necessity of this request for Protonix 20 mg, 1 tab OD prn #60 has not been clearly demonstrated. Therefore is not medically necessary.