

Case Number:	CM14-0177849		
Date Assigned:	10/31/2014	Date of Injury:	09/06/2014
Decision Date:	12/08/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/27/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

9/17/14 note indicates pain in the left shoulder and neck that is minimally better. Exam notes pain, tenderness, and swelling. There is reduced left shoulder range of motion. 9/10/14 note reports pain in the left shoulder. There is difficulty reported for picking up objects. There is reported spasm. Examination notes reduced range of motion in the shoulder. There is tenderness to palpation at C5-C7. There are spasms. Treatment with PT, Diclofenac, Cyclobenzaprine, and Hydrocodone was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Non Selective NSAIDS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nsaid
Page(s): 67.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain of the shoulder. MTUS supports the use of an NSAID Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen

may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. As such the medical records support the use of Naproxen for the insured condition of moderate pain congruent with MTUS guidelines. Therefore, this request is medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41.

Decision rationale: MTUS guidelines support the use of Flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with Flexeril (Orphenadrine) but does not document/ indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines. Therefore, this request is not medically necessary.

Hydrocodone 2.5/325mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -pain, opioids

Decision rationale: ODG guidelines support opioid treatment for patients that have not responded to first line therapy and who have been screened for opioid risk of use and have ongoing opioid mitigation tools being used. The medical records indicate acute pain but do not document failure of first line therapies such as PT and use of NSAID before proceeding to opioid. There is also no documentation in the medical records of opioid risk mitigation tool assessment or use. As such the medical records do not support use of hydrocodone congruent with ODG guidelines for treatment with opioids. Therefore, this request is not medically necessary.