MAXIMUS Federal Services

Case Number:	CM14-0185660		
Date Assigned:	11/13/2014	Date of Injury:	05/28/2008
Decision Date:	12/30/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/06/2014

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:

This is a 43 year-old female with a date of injury of 5/28/08. The injury occurred while trying to turn a 315-pound patient. She developed immediate left-sided shoulder and neck pain, as well as chest pressure and pain. On 3/20/14, her medications included Norco, Ambien and Phenergan. She was seen because she was status post right rotator cuff repair and shoulder decompression on 5/13/13, and status post left carpal tunnel release on 11/18/13. She was reportedly doing well. An exam of her left hand revealed a healed carpal tunnel incision. She also had excellent range of shoulder motion. The diagnostic impression was left rotator cuff tear, status post 5/13/13 right rotator cuff repair, status post 2/8/11 right rotator cuff repair and right carpal tunnel release, and status post 11/18/13 left carpal tunnel release. On 9/29/14 she complained of bilateral shoulder pain. Treatment to date: MRI, bilateral shoulder surgery, bilateral carpal tunnel release, NCV, medication management, physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen, generic available) Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, there was incomplete information in the notes submitted related to Relafen and therefore, the information is largely based on the UR notes. The use of NSAID may be beneficial to the patient; however, more information would be necessary to evaluate. Therefore, the request for Relafen 500mg #60 is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41 and 42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, there was no documentation of an acute exacerbation of the patient's chronic pain. In addition, the UR reported weaning was in process for Flexeril. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. There was incomplete information in the notes submitted, and as such, the information is largely based on the UR report. Therefore, the request for Flexeril 7.5mg #60 is not medically necessary.