

Case Number:	CM14-0026603		
Date Assigned:	06/13/2014	Date of Injury:	04/26/2012
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation 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 patient is a 56 year old male who was injured on 04/26/2012. The mechanism of injury is unknown. The patient has had conservative treatment including physical therapy for the shoulder. Progress report dated 02/17/2014 indicated the patient has gained full mobility but noted that he was significantly weak. He was noted to have had 26 therapy sessions with 4 remaining. On exam, he forward flexed to 140 degrees, abducted to 120 degrees and internally rotated to 80 degrees and externally rotated to 30 degrees. Diagnosis is status post left rotator cuff repair. An additional 12 sessions of physical therapy was requested and a request for an anti-inflammatory, muscle relaxer and Zanaflex. Prior utilization review dated 02/21/2014 denied the request for retrospective review (dos 1/13/2014) of diclofenac 100mg #60, retrospective review (dos 1/13/2014) for cyclobenzaprine 7.5mg #100 as there was no medical report provided with the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW (DOS 1/13/2014) OF DICLOFENAC 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, gastrointestinal symptoms and cardiovascular risk.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen. Furthermore, there is no documentation of reduced pain score or improved function with prior use of Diclofenac. Therefore, the medical necessity of the Diclofenac is not established and the request is not medically necessary and appropriate.

RETROSPECTIVE REVIEW (DOS 1/13/2014) FOR CYCLOBENZAPRINE 7.5MG #100:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), & Cyclobenzaprine (Flexeril) Page(s): 63-64, 41-42.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course. The medical records do not document the presence of muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the medical necessity for Cyclobenzaprine is not medically necessary and appropriate.