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| <b>Case Number:</b>   | CM14-0071274 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 02/11/2008 |
| <b>Decision Date:</b> | 08/14/2014   | <b>UR Denial Date:</b>       | 05/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/16/2014 |

### 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 injured worker is a 64-year-old male who reported an injury on 02/11/2008, who reportedly sustained an injury on his left shoulder after tripping and falling on a cord at work. The injured worker's treatment history included physical therapy treatment, surgery, injections, X-ray, and an MRI. The injured worker was evaluated on 02/27/2014, and it was documented that the injured worker had significant left shoulder pain. It was noted that the injured worker's pain level has remained unchanged since the last visit and the medications are working well. The documentation provided stated that the injured worker had not tried any other therapies for pain relief. The physical examination of the cervical spine revealed tenderness of the paravertebral muscles, tight muscle band at the trigger point with radiating pain on palpation on the left side. The range of motion was restricted with limited flexion of 55 degrees and extension was 30 degrees, right lateral bending was 30 degrees and left lateral bending was 29 degrees all limited by pain. The physical examination of the left shoulder revealed weakness on palpation in the subdeltoid bursa. The range of motion was restricted with flexion at 180 degrees abduction/adduction. The medications included Celebrex 200 mg, cimetidine 400 mg, Flexeril 5 mg, and Pennsaid 1.5% solution. The documentation provided noted that the injured worker stated his pain is tolerable on medications with a pain level of 2/10 on medications and off medications it is a 4/10. The diagnoses included shoulder pain, spasm of the muscle, and cervical strain. The Request for Authorization and rationale were not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The requested service is non-certified. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. 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. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The diagnoses included shoulder pain, spasm of the muscle, and cervical strain. The documentation submitted stated the injured worker had completed physical therapy sessions with good benefit of pain reduction however, there was lack of documentation provided on his long term-goals of functional improvement of his home exercise regimen. In addition, the request lacked frequency and duration of the medication. As, such, the request for Flexeril 5mg, 30 tablets is not medically necessary.

**Cimetidine 400mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Proton pump inhibitors Page(s): 68-69.

**Decision rationale:** The request for of Cimetidine 400 mg #60 is non-certified. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Cimetidine is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation provided did state that the injured worker having gastrointestinal events and the Cimetidine resolves the issue, however the request lacked frequency of the medication for the injured worker. Given the above, the request for Cimetidine 400 mg # 60 is not medically necessary.

**1 Pennasaid 2% Pump 20mg/gram/actuation (2%):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Topical Analgesic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for 1 Pennsaid 2 % pump 20mg/gram/actuation (2%) is non-certified. The California Medical Treatment Utilization Schedule (MTUS) states that Pennsaid is indicated for the relief of osteoarthritis pain in joints that lend themselves topical treatment to include ankle, elbow, foot, hand, knee and wrist. The guidelines state Pennsaid has not been evaluated for the treatment of the spine, hip or shoulder. The diagnoses included shoulder pain, spasm of the muscle, and cervical strain. The documentation provided on 02/27/2014 had lack of evidence stating the rationale why the injured worker is requesting Pennsaid pump. In addition, there was no mentioned of osteoarthritis pain in joints. Furthermore, the request for the proposed gel does not specify location for the application of the gel or frequency or dosage. Given the above, the Pennsaid pump are not medically necessary.