

Case Number:	CM14-0187858		
Date Assigned:	11/18/2014	Date of Injury:	06/05/2013
Decision Date:	01/06/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/11/2014

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 Emergency 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:

Patient with reported date of injury on 6/5/2013. Mechanism of injury is described as gradual increase in pain. Patient has a diagnosis of shoulder strain, cervical spine strain and biceps tendinitis and medial epicondylitis/DeQuervain's. Medical reports reviewed. Last report available until 10/16/14. Patient continues to complain of shoulder and neck pain. Pain is 7-8/10. Has intermittent pain to R wrist, thumb and thenar eminence. Objective exam reveals Cervical spine with full range of motion (ROM) with some decrease rotation and lateral bending to left due to trapezius and paracervical pain. Right shoulder with limited range ROM especially external rotation. Diffuse shoulder tenderness with muscles spasms to trapezius, paracervicals, rhomboids. Ibuprofen reportedly decrease swelling and tightness. Patient reportedly had to have surgery of shoulder rescheduled. Medications were ordered but no plan or rationale was documented. MRI of shoulder on 3/3/14(actual official report was not provided) reportedly showed accromion undersurface was flat with mild lateral down slopping with biceps tenosynovitis. No imaging reports or electrodiagnostic reports were provided for review. No medication list was documented. There was notes mentioning that patient was provided samples of Lorzone (anti spasms) and Vioxx (NSAID). There is also a note about using acetaminophen over the counter. Note from 7/23/14 recommended acetaminophen, ibuprofen and flexeril but it is not clear if patient is on those medications. It is unclear from the notes what the patient is actual on. Patient has reportedly undergone 12 sessions of physical therapy, cortisone injections, TENS and medications. Independent Medical Review is for Ibuprofen 800mg #60 with "3months refill", Flexeril 10mg #30 with "3months refills" and Acetaminophen 325mg #100 with "3months refill". Prior UR on 10/23/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Ibuprofen 800mg with 3 months refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-Steroidal Anti-inflammatory Drugs) Page(s): 67-68.

Decision rationale: Ibuprofen or motrin is a Non-steroidal anti-inflammatory drug(NSAID). As per MTUS Chronic Pain guidelines, NSAIDs is recommended for short term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic pains but recommendations are for low dose and short course only. There are significant side effects if used chronically. Patient had vague reports of improvement in pain and spasms but no objective documentation of improvement was documented. This prescription is incomplete with no noted frequency in the request/prescription. The number of tablets requested with number of refills is excessive and does not meet MTUS guidelines for close monitoring and/or short term use. This prescription for ibuprofen is not medically necessary.

30 tablets of Flexeril 10mg with 3 months refill: Upheld

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

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

Decision rationale: Cyclobenzaprine or Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for muscle spasms. It is recommended in short term use and has mixed evidence for chronic use with no specific recommendation for chronic use. Patient has documented muscle spasms and may benefit from a short course of Flexeril. However, it is not clear if patient is taking or has taken this medication in the past. This prescription is incomplete with no noted frequency in the request/prescription. The number of tablets requested with number of refills is excessive and does not meet MTUS guidelines for close monitoring and/or short term use. Prescription for Flexeril is not medically necessary.

100 tablets of Acetaminophen 325mg with 3 months refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12.

Decision rationale: As per MTUS Chronic pain guidelines, acetaminophen are recommended as first line for pain treatment. Acetaminophen may be beneficial for patient's pain. However, it is not clear if patient is taking or has taken this medication in the past. This prescription is incomplete with no noted frequency in the request/prescription. The number of tablets requested with number of refills is excessive and does not meet MTUS guidelines for close monitoring and/or short term use. Prescription for Acetaminophen is not medically necessary.