

Case Number:	CM14-0193245		
Date Assigned:	12/01/2014	Date of Injury:	07/09/2012
Decision Date:	01/13/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 44-year-old with a reported date of injury of 07/09/2012. The patient has the diagnoses of chronic pain syndrome, lumbar degenerative disc disease, lumbosacral radiculitis, sub-capsular tendinitis, right partial thickness rotator cuff tear and sprain of the ligament of lumbosacral joint. Per the most recent progress notes provided for review from the treating physician dated 10/16/2014, the patient had complaints of persistent right shoulder pain with particular limitation in function with overhead work. The physical exam noted decreased shoulder strength in the right flexors graded a 4+/5, abductors and external rotators graded a 4+/5. The lift off test was positive on the right side. Previous treatment modalities have included lumbar epidural steroid injections. Treatment plan recommendations included continuation of medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

Naproxen 500mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-68.

Decision rationale: This medication is recommended for the shortest period of time and at the lowest dose possible. While the dosing of this medication is within the California MTUS guideline recommendations, the long-term use of the medication is not recommended. The definition of shortest period possible is not clearly defined in the California MTUS; however approval of this medication for 5 refills would exceed parameters due to the increased risk of GI and cardiovascular adverse events associated with the medication. Therefore the request is not medically necessary.