

Case Number:	CM14-0196386		
Date Assigned:	12/03/2014	Date of Injury:	09/11/2012
Decision Date:	01/21/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, 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 49 year old female with date of injury 9/11/12 suffered while working as a sewer/production worker for a design company. The treating physician report dated 10/22/14 indicates that the patient presents with pain affecting the right shoulder. The patient's status is post arthroscopic subacromial decompression, biceps tendon release, and debridement. The physical examination findings reveal the patient has a restricted range of motion in her right shoulder and is still in significant daily pain. A progress report dated 9/22/14 notes the ROM in the patient's right shoulder is up to 120 degrees of abduction and forward flexion. Prior treatment history includes physical therapy (8 sessions), steroid injections, hot/cold therapy and prescribed medications including Naproxen, Tizanidine, Tramadol, Oxaprozin, Acetaminophen, Meloxicam, Nabumetone and Voltaren gel. Current medications include Celebrex, Prilosec, and Tylenol with codeine, Colace and Flexeril. The current diagnosis is: Right shoulder pain. The utilization review report dated 11/4/14 denied the request for Flexeril 10mg one by mouth every night at bedtime for muscle spasm #30 (prescribed 10/20/14) and Colace 100mg one by mouth two times a day #60 (prescribed 10/20/14) based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg one by mouth every night at bedtime for muscle spasm #30 (prescribed 10/20/14): Upheld

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

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

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Flexeril 10mg one by mouth every night at bedtime for muscle spasm #30 (prescribed 10/20/14). The treating physician report dated 10/20/14 states that Flexeril was prescribed for the patient's muscle spasms. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. Reports provided indicate that the patient was prescribed this medication on 7/7/14. In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. The request is not medically necessary.

Colace 100mg one by mouth two times a day #60 (prescribed 10/20/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Product information, Ortho-McNeil

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Colace 100mg one by mouth two times a day #60 (prescribed 10/20/14). The treating physician report dated 7/7/14 states that the Tylenol with codeine was starting to cause constipation so a prescription of Colace was going to be added to the patient's medication regimen. The MTUS Guidelines state that for constipation due to opioid use, "Prophylactic treatment of constipation should be initiated." In this case the patient is currently taking Tylenol with codeine and the physician documented that the medication was causing constipation. Furthermore a progress report dated 8/18/14 states that the prescription of Colace helps with the constipation caused by the Tylenol with codeine. MTUS states prophylactic treatment of constipation is recommended. Therefore the request is medically necessary.