

<b>Case Number:</b>	CM14-0204322		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2014

### 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, has a subspecialty in Interventional Spine, 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 54 year old male with an injury date of 02/13/13. Based on the 08/12/14 progress report, the patient complains of pain starting at the base of the neck posteriorly to the upper thoracic region described as dull aching, that radiates down to the mid portion of the upper arm on the left. He has aching from top of the shoulder to the mid biceps region on the left; similar on the right, along with burning. He has aching across the lower back. The patient has difficulty sleeping. Based on the 08/26/14 progress report, the patient complains of hearing loss in both ears. He was diagnosed with a moderate high frequency sensory-neural hearing loss. Based on the 11/11/14 progress report, the patient complains of popping in shoulder as well as constant pain describes as sharp and dull. He is experiencing pain in buttocks. The patient's pain scale is a 6/10. The patient's diagnoses includes the following: 1. Status post hemiarthroplasty, right glenohumeral joint, with residuals. 2. Strain, left shoulder, with impingement phenomenon. 3. Lumbar strain. 4. Status post multiple surgical procedures, right shoulder, with residuals. 5. History of posttraumatic stress disorder. 6. History of chemical exposure. The utilization review determination being challenged is dated 11/26/14. Treatment reports were provided from 02/16/14-11/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

**Decision rationale:** This request is for Pain management consult. According to the 11/11/14 orthopedic report, the pain management consultation was specifically for lumbar spine facet blocks. The mechanism of onset of the low back condition was not provided. The examination shows decreased motion in flexion and extension, SLR is reported to radiate to the left gluteus. MTUS Chronic Pain guidelines and MTUS/ACOEM chapter guidelines did not provide details on consultations. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but does have relevant information related to Consultations. ACOEM chapter 7, pg 137-138 states: The consultation is "To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, the physician requested the pain management consultation for lumbar facet blocks. MTUS guidelines for lumbar facet blocks would also be applicable. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 low back complaints, pages 300 states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The request for pain management consultation solely for procedure that is not recommended by MTUS/ACOEM does not appear appropriate. The request Pain Management consultation IS NOT medically necessary.

**Left shoulder SA injection under ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter online, under Steroid injections.

**Decision rationale:** The request for Left shoulder SA injection under ultrasound guidance. MTUS/ACOEM p 204, Chapter 9, shoulder, initial care states: If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks ODG guidelines, shoulder chapter online, under Steroid injections, Criteria for Steroid injections state: these are indicated for a diagnosis of impingement syndrome, which this patient was reported to have. ODG guidelines also state the injections are generally performed without fluoroscopic or ultrasound guidance. The use of ultrasound guidance for a subacromial injection is not in accordance with ODG guidelines. The request for Left shoulder SA injection under ultrasound guidance IS NOT medically necessary.

**Fexmid (cyclobenzaprine 7.4 mg), sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The request for for Fexmid (cyclobenzaprine 7.4 mg), sixty count which was requested on the 11/11/14 report. On review of the records the patient is shown to be using cyclobenzaprine on the 8/14/14 and 7/2/14 reports. MTUS Chronic Pain Medical Treatment Guidelines pg 63-66, "Muscle relaxants (for pain)" under ANTISPASMODICS for Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Dosing states:. This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008)The use of cyclobenzaprine over 3 weeks is not in accordance with MTUS guidelines. The request for for Fexmid (cyclobenzaprine 7.4 mg), sixty count IS NOT medically necessary.