

Case Number:	CM14-0208614		
Date Assigned:	12/22/2014	Date of Injury:	08/22/2014
Decision Date:	02/11/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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 Internal Medicine, and is licensed to practice in New York. 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 54 year old man with a date of injury of 8/22/14 when he injured his left shoulder falling on a wet floor with an outstretched left hand. He was seen by his provider on 10/29/14 with complaints of left shoulder pain. He was taking norco and motrin which were helpful. His physical exam showed the left shoulder had 50 degrees abduction, 90 degrees forward flexion, 50 degrees external rotation and internal rotation to T12. His external rotation against resistance was strong and he had a normal lift-off test. His left shoulder was tender over the anterior aspect of the acromion and biceps tendon. He had a positive speed test and impingement test but negative key test, rent test and Hawkin's sign. An MRI report showed full thickness rotator cuff tear with retraction. His diagnosis was left shoulder rotator cuff tear with impingement syndrome and biceps tendonitis/instability. The recommendation was that he undergo left arthroscopic surgical repair. At issue in this review are the prescriptions for Naprosyn (as an anti-inflammatory) and flexeril (for parascapular tightness and spasm).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg 360 1 Q HS refill: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has left shoulder pain with an injury sustained in 8/14. The medical course has included use of narcotics and NSAIDs for pain which were said to be effective. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/14 fails to document any goals for improvement in pain, functional status or a discussion of side effects to justify use. There is also no spasm documented on the physical exam. The medical necessity of Cyclobenzaprine (Flexeril) is not substantiated in the records.

Naprosyn 550 mg #60 1 BID with food refill: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This injured worker has left shoulder pain with an injury sustained in 8/14. The medical course has included use of narcotics and NSAIDs for pain which were said to be effective. NSAIDs are recommended as an option for short-term symptomatic relief. He was already taking Motrin and the medical records fail to document any improvement in pain or functional status specifically related to NSAIDs or a discussion of side effects to justify use. The medical necessity of Naprosyn is not substantiated in the records.