

Case Number:	CM14-0077748		
Date Assigned:	07/18/2014	Date of Injury:	08/18/2010
Decision Date:	02/19/2015	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old patient with date of injury of 08/18/2010. Medical records indicate the patient is undergoing treatment for pain in the left shoulder joint, S/P left shoulder arthroscopy, chronic pain NEC, long term use of medication NEC and therapeutic drug monitor. Subjective complaints include chronic left shoulder pain and soreness; clicking with range of motion; pain is a 3/10 with medications. Patient reports a history of bundle-branch block, heart murmur, cirrhosis of the liver, abdominal hernia, and diabetes. Objective findings include moderate obesity, gait was grossly normal and non-antalgic, patient ambulated into the room without assistance, no evidence of sedation. Treatment has consisted of left shoulder surgery, 3 sessions of physical therapy, functional restoration program, Voltaren, Methadone, Flexeril, Ambien, Docusate Sodium, Glyburide, Metformin Hcl, Oxycodone. The utilization review determination was rendered on 05/07/2014 recommending non-certification of a Flexeril 10mg Tab SIG: 1 Tab at bedtime pm #30 and Voltaren 1 percent Gel SIG Apply 3x daily Qty: 2.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Tab SIG: 1 Tab at bedtime pm #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®); UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient has been prescribed Flexeril since Jan. 2014, this is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. There is no documentation of significant change in VAS score, pain or functional improvement with the continued use of the requested medications. As such, the request for Flexeril 10mg Tab SIG: 1 Tab at bedtime pm #30 is not medically necessary.

Voltaren 1 percent Gel SIG Apply 3x daily Qty: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti inflammatory agents Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Voltaren Gel 1% (diclofenac) that it is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for

treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for the left shoulder joint. As such, the request for Voltaren 1 percent Gel SIG Apply 3x daily Qty: 2.00 is not medically necessary.