

Case Number:	CM15-0001307		
Date Assigned:	01/12/2015	Date of Injury:	04/01/2007
Decision Date:	03/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 46 year old female, who sustained an industrial injury on April 1, 2007. She has reported right shoulder and low back pain after slipping and falling. The diagnoses have included lumbar spondylosis without myelopathy, lumbago, and rotator cuff impingement syndrome and shoulder pain. Treatment to date has included right shoulder surgery in 2008, oral medications and twelve sessions of post op physical therapy to the right shoulder. Currently, the IW complains of the pain in her low back is worse than the pain in her right shoulder and is described as being strong, constantly there pressure like and numbness in her bones. She continues to have throbbing pain down the bilateral lower extremities to ankles but it has improved. She reports having cramping in her bilateral calves difficulty with sitting, standing and walking for long periods of time due to the increased pain. She denies any alleviating factors. On December 3, 2014 Utilization Review non-certified Cyclobenzaprine 7.5mg quantity 60 and unknown treatment of right shoulder pain per orthopedic surgeon, noting Medical treatment utilization schedule (MTUS) guidelines was cited. On November 21, 2014, the injured worker submitted an application for IMR for review of Nabumetone 750mg quantity, Cyclobenzaprine 7.5mg quantity 60, Relafen 750mg quantity 60 and unknown treatment of right shoulder pain per orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended as an option, using a short course of therapy. See Medications for chronic pain for.

Decision rationale: The records report the insured has reported right shoulder and low back pain after slipping and falling. The diagnoses have included lumbar spondylosis without myelopathy, lumbago, and rotator cuff impingement syndrome and shoulder pain. Treatment to date has included right shoulder surgery in 2008, oral medications and twelve sessions of post op physical therapy to the right shoulder. Currently, the IW complains of the pain in her low back is worse than the pain in her right shoulder and is described as being strong, constantly there pressure like and numbness in her bones. She continues to have throbbing pain down the bilateral lower extremities to ankles but it has improved. She reports having cramping in her bilateral calves difficulty with sitting, standing and walking for long periods of time due to the increased pain. She denies any alleviating factors. MTUS guidelines support the use of flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review indicate pain but no physical exam findings of focal muscle spasm. As such the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines.

Relafen 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended at the lowest dose for the shortest period in patients with moderate to severe pain.

Decision rationale: The records report the insured has reported right shoulder and low back pain after slipping and falling. The diagnoses have included lumbar spondylosis without myelopathy, lumbago, and rotator cuff impingement syndrome and shoulder pain. Treatment to date has included right shoulder surgery in 2008, oral medications and twelve sessions of post op physical therapy to the right shoulder. Currently, the IW complains of the pain in her low back is worse than the pain in her right shoulder and is described as being strong, constantly there pressure like and numbness in her bones. She continues to have throbbing pain down the bilateral lower extremities to ankles but it has improved. She reports having cramping in her bilateral calves difficulty with sitting, standing and walking for long periods of time due to the increased pain. She denies any alleviating factors. MTUS supports the use of an NSAID Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be

superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. As the records do not support failure of acetaminophen trial, use of relafen is not supported congruent with ODG guidelines.