

Case Number:	CM15-0003312		
Date Assigned:	01/14/2015	Date of Injury:	08/06/2009
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/07/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on August 6, 2009. The diagnoses have included right shoulder rotator cuff tear, partial thickness and right shoulder glenoid labral tear. Treatment to date has included corticosteroid injection, TENS, physical therapy, and medications. Currently, the injured worker complains of progressive right shoulder pain. The Primary Treating Physician's report dated November 6, 2014, noted a right shoulder MRI dated September 2, 2014, showed a mild to moderate partial tear of the supraspinatus with tendinosis of the infraspinatus, and a small tear of the anterior labrum with a paralabral cyst. Examination of the right shoulder was noted to demonstrate limited range of motion with positive impingement signs. The injured worker received a subacromial corticosteroid injection. On December 18, 2014, Utilization Review non-certified Fexmid 7.5mg #90 noting there was evidence of shoulder pain but no evidence of muscle spasm, therefore, it was not medically necessary and appropriate, citing the MTUS Chronic Pain Medical Treatment Guidelines. On January 7, 2015, the injured worker submitted an application for IMR for review of Fexmid 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #90: 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): 63-66.

Decision rationale: The patient is a 57 year old male with an injury date of 08/06/09. Per the 11/06/14 report the patient presents with right shoulder pain with limited range of motion and positive impingement signs. The current request is for FEXMID 75 mg #90 (Cyclobenzaprine). The RFA is not included. The patient is temporarily partially disabled as of 10/01/14. MTUS guidelines page 64 states the following, Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxant for pain page 63 states, 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 to 3 weeks for use of the medication. The 10/01/14 report states, Cyclobenzaprine 7.5 mg does decrease spasm average of 5 hours with resultant improved range of motion, tolerance to exercise and decrease in overall pain level 2-3 points provides examples of objective improvement with greater level of exercise and improved range of motion with this medication on board. However, guidelines recommend non chronic use of this medication for no more than 2-3 weeks, and reports show that this medication has been prescribed from at least 07/30/14 through 11/06/14. Furthermore, the request for #90 does not indicate short term use. The request IS NOT medically necessary.