

Case Number:	CM15-0007946		
Date Assigned:	01/23/2015	Date of Injury:	05/19/2014
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 47 year old male with an industrial injury dated May 19, 2014. The injured worker diagnoses include status post open reduction/ internal fixation; unstable fracture of the mid-distal left fibula and medial malleolus on May 19, 2014, cervical spine musculoligamentous sprain/ strain, lumbar spine musculoligamentous sprain/strain with left lower radiculitis, bilateral knee sprain/ strain, left shoulder periscapular sprain/strain impingement syndrome, right wrist sprain and left hip sprain/ strain/contusion. He has been treated with radiographic imaging, laboratory studies, 24 physical therapy sessions, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 12/3/14, the injured worker reported continued low back pain with left lower extremity radicular pain in the posterior part of the leg. The injured worker also reported left hip pain with daily popping of the hip and left shoulder pain with difficulty reaching down the shoulder level with pain in the acromioclavicular joint. Objective findings revealed tenderness to palpitation over the screw extraction site. The treating physician prescribed services for Fexmid 7.5 mg #60 and ultrasound left shoulder. Utilization Review (UR) determination on December 16, 2014 modified the request to Fexmid 7.5 mg #45, citing MTUS. UR denied the request for an ultrasound of the left shoulder, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 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 Pain, Cyclobenzaprine (Flexeril^{1/2})

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 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. ODG states regarding cyclobenzaprine, Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. The previous UR modified the request to allow for a wean which is appropriate. As such, the request for Flexeril 7.5mg #60 is not medically necessary.

Ultra sound of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, Ultrasound diagnostic

Decision rationale: The MTUS is silent on Ultrasound of the shoulder. The ODG state that Ultrasound of the shoulder is Recommended as indicated below. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound also may be

more cost-effective in a specialist hospital setting for identification of full-thickness tears. (Dinnes, 2003) Ultrasound is a highly accurate imaging study for evaluating the integrity of the rotator cuff in shoulders that have undergone an operation. The medical records fail to document the signs and symptoms of a rotator cuff tear. As such, the request for Ultrasound of the shoulder is not medically necessary.