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| Case Number: | CM15-0102589 | | |
| Date Assigned: | 06/05/2015 | Date of Injury: | 09/22/2005 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 05/28/2015 |

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, 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 58 year old male who sustained an industrial injury on 09/21/06. Initial complaints and diagnoses are not available. Treatments to date include right shoulder surgery, home exercise, and acupuncture. Diagnostic studies are not addressed. Current complaints include back and left shoulder pain. Current diagnoses include degenerative joint disease, residual adhesion capsules, lower spine musculoligamentous sprain/strain with lower extremity radiculitis, and psychiatric complaints, reflux disorder, and sleep complaints, and left shoulder strain/bursitis/tendonitis. In a progress note dated 04/20/15, the treating provider reports the plan of care as a diagnostic ultrasound of the left shoulder and continued home exercise. The requested treatments include a ultrasound of the left shoulder. A progress report dated June 2, 2015 requests shoulder surgery due to "positive diagnostic ultrasound study dated May 23, 2015."

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic): Ultrasound, diagnostic: (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: Regarding the request for ultrasound studies of the left shoulder, California MTUS cites that ultrasonography for evaluation of rotator cuff is not recommended. Within the documentation available for review, there is no documentation of subjective/objective findings consistent with a condition/diagnosis for which ultrasound is supported given the lack of support for its use in the evaluation of the rotator cuff. Additionally, it appears that an ultrasound has already been performed, and there is no statement indicating why a repeat ultrasound would be needed at the current time. As such, the currently requested ultrasound studies of the left shoulder is not medically necessary.

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Fexmid), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Fexmid) is not medically necessary.