

Case Number:	CM15-0105840		
Date Assigned:	06/10/2015	Date of Injury:	05/30/2014
Decision Date:	07/13/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/02/2015

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 26 year old female, who sustained an industrial injury on 5/30/14. She has reported initial complaints of left shoulder pain/injury after getting hit by a box. The diagnoses have included chronic pain syndrome and left shoulder/arm sprain/strain. Treatment to date has included medications, activity modifications, off work, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 5/7/15, the injured worker complains of left shoulder pain that is getting worse. The pain is described as constant and burning and rated 7/10 on pain scale. The pain is aggravated by activities and relieved with rest. The associated symptoms include occasional radiation of the pain to the neck, upper back and arm. The physical exam reveals decreased affect, pain behavior and pessimistic. The musculoskeletal exam reveals decreased and limited range of motion in the left shoulder and tenderness to palpation throughout the left shoulder and chest wall. The motor strength is decreased throughout the left upper extremity due to pain and decreased effort. The diagnostic testing included Magnetic Resonance Imaging (MRI) of the left shoulder. She was given a prescription of Flexeril for spasms. The current medications included Naproxen and Omeprazole. Work status is modified with restrictions. There was no previous urine drug screen reports noted in the records. The physician requested treatments included Flexeril 10 MG #30 with 2 Refills and a Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG #30 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10 MG #30 with 2 Refills is not medically necessary and appropriate.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), UDT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Drug Screen is not medically necessary and appropriate.