

Case Number:	CM15-0106654		
Date Assigned:	06/11/2015	Date of Injury:	04/04/2014
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/03/2015

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: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old female sustained an industrial injury to the right shoulder on 4/4/14. On 4/24/15, the injured worker underwent arthroscopic right shoulder rotator cuff repair. In a PR-2 dated 5/4/15, the injured worker complained of postoperative right shoulder pain, rated 5/10 with medications on the visual analog scale and 6-7/10 without medications. The injured worker was currently using Tylenol #3 ½ tablet two to three times per day for pain. The injured worker noted overall functional improvement and improvement in pain with her current medication regimen. The injured worker noted improvement in activities of daily living and increased ability to reach, lift and grip as a result of current medications. Physical exam was remarkable for right shoulder wounds without signs of infection. They were clean, dry and healing well. Current diagnoses included right shoulder rotator cuff tear and status post right shoulder arthroscopic rotator cuff repair. The injured worker's sutures were removed during the office visit. The treatment plan included requesting authorization for a continuous passive motion machine, starting pendulum exercises and physical therapy, continuing use of shoulder immobilizer and a prescription for Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle relaxants Page 63-66. Decision based on Non-MTUS Citation FDA Robaxin <http://www.drugs.com/pro/robaxin.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Drugs with the most limited published evidence in terms of clinical effectiveness include methocarbamol. FDA Prescribing Information document that Robaxin is indicated for acute musculoskeletal conditions. The progress report dated 2/4/15 documented the medications Robaxin, Flexeril, and Voltaren. Date of injury was 4/4/14. The progress report dated 5/4/15 documented the medications Robaxin and Flexeril. Medical records indicate the long-term use of Robaxin for chronic conditions. MTUS and FDA guidelines do not support the long term use of Robaxin for chronic conditions. Therefore, the request for Robaxin is not medically necessary.

Physical therapy 2 x 4 for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for rotator cuff repair, 24 visits of postsurgical physical therapy. Operative report dated 04/24/15 documented that the patient had arthroscopic rotator cuff repair. Eight visits of physical therapy were requested. MTUS Postsurgical Treatment Guidelines indicate that for rotator cuff repair, 24 visits of postsurgical physical therapy are recommended. Therefore, the request for physical therapy 2 x 4 is medically necessary.

CPM machine/kit, rental or purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Continuous passive motion (CPM).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address continuous passive motion (CPM). Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) indicates that continuous passive motion (CPM) is not recommended for shoulder rotator cuff problems. For rotator cuff tears, continuous passive motion devices are not recommended after shoulder surgery or for nonsurgical treatment. With regard to adding continuous passive motion to postoperative physical therapy, 11 trials yielded moderate evidence for no difference in function or pain, and one study found no difference in range of motion or strength. Operative report dated 04/24/15 documented that the patient had arthroscopic rotator cuff repair. Official Disability Guidelines (ODG) does not support the use of continuous passive motion (CPM). Therefore, the request for a CPM machine kit is not medically necessary.