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| Case Number: | CM15-0019760 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 04/10/2014 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 01/20/2015 |
| Priority: | Standard | Application Received: | 02/02/2015 |

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 55 year old who sustained an industrial injury on 04/10/2014. Diagnoses include right knee contusion/sprain, patellofemoral arthroplasty, and rule out meniscal tears, bilateral shoulder sprain/strain, impingement, rotator cuff tear and bursitis, with history of anterior glenohumeral dislocation, glenohumeral instability and labral tear with evidence of partial-thickness avulsion. Treatment to date has included medications, and physical therapy. A physician progress note dated 01/05/2015 documents the injured worker has tenderness to palpation over the acromioclavicular joints, supraspinatus tendons and parascapular musculature. Impingent test is positive, Cross Arm test is positive, and range of motion is limited. Treatment requested is for Fexmid 7.5mg #60, and Surgical consultation regarding the left shoulder. On 01/20/2015 Utilization Review non-certified the request for surgical consultation regarding the left shoulder, and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM). On 01/20/2015 Utilization Review non-certified the request for Fexmid 7.5mg #60 and cited was California Medical Treatment Utilization Schedule (MTUS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consultation regarding the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient is a 54 year old male who presents with unrated neck, bilateral shoulder, right hip, and right knee pain. The patient's date of injury is 04/10/14. Patient has no documented surgical history directed at this complaint. The request is for surgical consultation regarding the left shoulder. The RFA is dated 01/05/15. Physical examination dated 01/05/15 reveals tenderness to palpation over the acromioclavicular joints, supraspinatus tendons, and periscapular musculature. Treater also notes positive impingement test, cross arm test, and apprehension test bilaterally. Shoulder range of motion is decreased in all planes, especially on abduction and adduction. The patient is currently prescribed Ultram, Fexmid. Diagnostic imaging was not included. Patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 7, page 127 states: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." In regards to the surgical consultation, the request appears reasonable. The patient suffers from intractable bilateral shoulder pain with significant loss of function and range of motion. ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. Progress note dated 01/05/15 includes multiple clinically significant findings of shoulder pathology, advises that the patient seek surgical correction of underlying joint disease. Therefore, the requested surgical consultation IS medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient is a 54 year old male who presents with unrated neck, bilateral shoulder, right hip, and right knee pain. The patient's date of injury is 04/10/14. Patient has no documented surgical history directed at this complaint. The request is for Fexmid 7.5MG #60. The RFA is dated 01/05/15. Physical examination dated 01/05/15 reveals tenderness to palpation over the acromioclavicular joints, supraspinatus tendons, and periscapular musculature. Treater also notes positive impingement test, cross arm test, and apprehension test bilaterally. Shoulder range of motion is decreased in all planes, especially on abduction and adduction. The patient is currently prescribed Ultram, Fexmid. Diagnostic imaging was not included. Patient is

temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regards to the request for Cyclobenzaprine, treater has specified an excessive duration of therapy. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are appropriate for acute pain, though it is unclear whether the requested Fexmid is for the management of this patients neck pain or shoulder pain. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 60 tablets of Cyclobenzaprine does not imply short duration therapy. Therefore, the request IS NOT medically necessary.