

<b>Case Number:</b>	CM15-0133799		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old man sustained an industrial injury on 9/26/2014. The mechanism of injury is not detailed. Evaluations include an undated right shoulder MRI. Diagnoses include right shoulder joint pain, right rotator cuff tear, cervical spondylosis, occipital headache, neck muscle strain, right shoulder impingement syndrome, right trapezius strain, and cervical spine strain. Treatment has included oral medications, physical therapy, and surgical interventions. Physician notes on a PR-2 dated 5/14/2015 show complaints of right shoulder pain. Recommendations include Cyclobenzaprine, Diclofenac gel, Ibuprofen, Hydrocodone/Acetaminophen, continue physical therapy, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone - Acetaminophen 10/325mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

**Decision rationale:** The injured worker sustained a work related injury on 9/26/2014. The medical records provided indicate the diagnosis of right shoulder joint pain, right rotator cuff tear, cervical spondylosis, occipital headache, neck muscle strain, right shoulder impingement syndrome, right trapezius strain, and cervical spine strain. Treatment has included oral medications, physical therapy, and surgical interventions. The medical records provided for review do not indicate a medical necessity for Hydrocodone -Acetaminophen 10/325mg #40; therefore, the request is not medically necessary. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for long time for the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. When used for longer than 6 months, the MTUS recommends pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument, and these should be compared to the baseline values. The medical records indicate the use of this medication predates 12/2014. The injured worker is not properly monitored for pain, adverse effects and aberrant behavior. Therefore, tis request is not medically necessary.

**Cyclobenzaprine 10mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 41, 63 and 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 and 64.

**Decision rationale:** The injured worker sustained a work related injury on 9/26/2014. The medical records provided indicate the diagnosis of right shoulder joint pain, right rotator cuff tear, cervical spondylosis, occipital headache, neck muscle strain, right shoulder impingement syndrome, right trapezius strain, and cervical spine strain. Treatment has included oral medications, physical therapy, and surgical interventions. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 10mg #30 with 1 refill; therefore, the request is not medically necessary. Cyclobenzaprine (Flexeril) is a muscle relaxant recommended to be taken at the dose of 5-10 mg three times in a day for not longer than 2-3 weeks. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical records indicate the injured worker has been using this medication at least since 12/2014. Therefore this request is not medically necessary.