

Case Number:	CM15-0138317		
Date Assigned:	07/28/2015	Date of Injury:	10/01/2013
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts

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 64-year-old female who sustained an industrial injury on 10/8/2013 resulting in right shoulder pain and limited range of motion. She was diagnosed with right shoulder tendonitis and impingement syndrome, right subacromial bursitis, right shoulder arthritis, and partial tear of the right rotator cuff. Treatment discussed in provided records has included a Toradol injection and use of medication with temporary results. The injured worker continues to present with right shoulder pain. The treating physician's plan of care includes Cyclobenzaprine 10 mg and APAP-Codeine 300-30 mg. Current employment status is not addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in October 2013 and continues to be treated for right shoulder pain. No recent records were included. In November 2014 a cortisone injection was administered. Surgery was being considered. Medications included gabapentin, Vicodin, ibuprofen, baclofen, and prilosec. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. In this case, there is no documentation of the reason for which it was prescribed. Muscle spasms are not documented. Based on what was provided for review, it cannot be accepted as being medically necessary.

APAP/Codeine 300-30 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in October 2013 and continues to be treated for right shoulder pain. No recent records were included. In November 2014, a cortisone injection was administered. Surgery was being considered. Medications included gabapentin, Vicodin, ibuprofen, baclofen, and Prilosec. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, Vicodin had been prescribed with an unknown response. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that opioid medications have provided decreased pain, increased level of function, or improved quality of life. Based on what was provided for review, it cannot be accepted as being medically necessary.