

<b>Case Number:</b>	CM15-0141658		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 49 year old female who sustained an industrial injury on 05-23-2012. Mechanism of injury was not found in documents provided. Diagnoses include right shoulder impingement syndrome with impending rotator cuffs tear, lower back pain with lower extremity symptoms, and cervical spine pain with right upper extremity symptoms. Treatment to date has included medications, use of a Transcutaneous Electrical Nerve Stimulation unit and a lumbar brace. Her medications include Cyclobenzaprine, Naproxen, Pantoprazole and a topical compound trial. She is temporarily totally disabled. A physician progress note dated 06-15-2015 documents the injured worker complains of worsening right shoulder pain which she rates as 9 out of 10. She also has low back pain with lower extremity symptoms and cervical pain with upper extremity pain. She rates this pain as 6 out of 10. She has tenderness in the right shoulder and limited range of motion and positive impingement signs. There is lumbar and cervical spine tenderness with limited range of motion. She has spasm of the lumboparaspinal musculature. The treatment plan includes Anaprox 550mg #60, Anesthesia, Chem panel, CBC with diff, EKG, a History and Physical, Naproxen 550mg #60, Pantoprazole 20mg #60, PT and PTT test, right shoulder arthroscopic subacromial decompression, Tramadol Hcl ER, a urinalysis, and post-operative physical therapy 3 times a week for 4 weeks. Treatment requested is for Cyclobenzaprine 10mg #30, Keflex 552mg #28, and Norco 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasmodics Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended". In this particular case the patient has no evidence in the available records of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Therefore is not medically necessary and non-certified.

**Norco 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam notes. Therefore the determination is not medically necessary.

**Keflex 552mg #28: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/17210420](http://www.ncbi.nlm.nih.gov/pubmed/17210420).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections".

**Decision rationale:** CA MTUS/ACOEM and ODG are silent on the issue of Keflex. And alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections", Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.