

<b>Case Number:</b>	CM15-0164043		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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

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 67 year old male, who sustained an industrial injury on June 12, 2014 while working as a project supervisor. The mechanism of injury was a fall onto a metal floor. The injured worker sustained injuries to the neck, left shoulder and left hip. The diagnoses have included left shoulder impingement, periscapular strain, cervical sprain-strain, left upper extremity radiculitis, left hip strain and left greater trochanteric bursitis. Treatment and evaluation to date has included medications, electrodiagnostic studies, shoulder ultrasound, home exercise program and 12 sessions of physical therapy. The injured worker was temporarily totally disabled. Current documentation dated June 30, 2015 notes that the injured worker reported neck, left shoulder and left hip pain. Examination of the cervical spine revealed a slightly decreased tenderness to palpation on the left side greater than the right. Range of motion was slightly increased and a Spurling's maneuver elicited increased neck pain. Examination of the left shoulder revealed tenderness to palpation and a positive impingement test and cross arm test. Range of motion was decreased. Left hip examination revealed slightly decreased tenderness to palpation over the greater trochanter. Range of motion was decreased. A Patrick's FABER (flexion, abduction and external rotation) test elicited increased hip pain. The treating physician's plan of care included requests for Ultram 50 mg # 120 and Fexmid 7.5 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Ultram 50mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 5/26/15 progress report provided by the treating physician, this patient presents with left shoulder pain. The treater has asked for 1 prescription of Fexmid 7.5mg #60 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient describes his pain in left shoulder as frequent, with weakness and difficulty pulling/pushing/reaching per 6/30/15 report. The patient is s/p EMG/NCV studies and ultrasound of right shoulder from 2 weeks ago per 5/26/15 report. The patient is s/p 12 sessions of physical therapy which did not help with left shoulder pain, but helped with left hip pain and range of motion, as well as left upper extremity pain/spasm per 6/30/15 report. The patient's work status is temporarily totally disabled for 6 weeks per 6/30/15 report. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Cyclobenzaprine, the provider has specified an excessive duration of therapy. The patient has been taking Cyclobenzaprine since 4/16/15 report and in reports dated 4/26/15 and 6/30/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain/spasm. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks. The requested 60 tablets does not imply the intent to utilize this medication short term. There is no discussion of an acute flare-up in this patient's symptoms, or a stated intent to utilize this medication short term. Therefore, the request is not medically necessary.

**1 prescription of Fexmid 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

**Decision rationale:** Based on the 5/26/15 progress report provided by the treating physician, this patient presents with left shoulder pain. The treater has asked for 1 prescription of FEXMID 7.5MG #60 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient describes his pain in left shoulder as frequent, with weakness and difficulty pulling/pushing/reaching per 6/30/15 report. The patient is s/p EMG/NCV studies and ultrasound of right shoulder from 2

weeks ago per 5/26/15 report. The patient is s/p 12 sessions of physical therapy which did not help with left shoulder pain, but helped with left hip pain and range of motion, as well as left upper extremity pain/spasm per 6/30/15 report. The patient's work status is temporarily totally disabled for 6 weeks per 6/30/15 report. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Cyclobenzaprine, the provider has specified an excessive duration of therapy. The patient has been taking Cyclobenzaprine since 4/16/15 report and in reports dated 4/26/15 and 6/30/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain/spasm. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks. The requested 60 tablets does not imply the intent to utilize this medication short term. There is no discussion of an acute flare-up in this patient's symptoms, or a stated intent to utilize this medication short term. Therefore, the request IS NOT medically necessary.