

Case Number:	CM15-0165082		
Date Assigned:	09/02/2015	Date of Injury:	08/11/2008
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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 62 year old male, who sustained an industrial-work injury on 8-11-08. He reported initial complaints of knee and shoulder pain. The injured worker was diagnosed as having impingement syndrome, status post decompression with modified Mumford procedure, labral repair, and bicipital tendinitis. Treatment to date has included medication, surgery, arthroscopy of the right shoulder on 1-24-11, arthroscopy, bursectomy, coracoacromial ligament release, Neer type acromioplasty, shaving of distal clavicle and modified Mumford procedure with labral repair on 4-10-13), hot-cold wraps, and transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker complains of knee and shoulder pain. Last day of work was 1-3-14. Per the primary physician's progress report (PR-2) on 8-4-15, exam noted poorly controlled hypertension, tenderness along the biceps tendon with a positive Speed's test. The injured worker was prescribed naproxen, trazodone, protonix, flexeril, and ultracet. The Request for authorization date was 8-4-15 and requested service included Tramadol/APAP (Ultracet) 37.5/325mg and Cyclobenzaprine (Flexeril) 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP (Ultracet) 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The claimant sustained a work injury in August 2008 and is being treated for right shoulder pain after undergoing to shoulder surgeries. He also has right knee pain being treated by another provider. When seen, he had discontinued taking OxyContin. Norco was being prescribed for his knee. When seen, physical examination findings included biceps tendon tenderness with positive Speed's testing. Authorization for medications including Ultracet and Flexeril was requested. Criteria for the use of opioid medication includes that all prescriptions are provided from a single pharmacy and by a single practitioner. In this case, the claimant is receiving opioid medication and ongoing management by another provider. The request for Ultracet is not medically necessary.

Cyclobenzaprine (Flexeril) 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in August 2008 and is being treated for right shoulder pain after undergoing to shoulder surgeries. He also has right knee pain being treated by another provider. When seen, he had discontinued taking OxyContin. Norco was being prescribed for his knee. When seen, physical examination findings included biceps tendon tenderness with positive Speed's testing. Authorization for medications including Ultracet and Flexeril was requested. Flexeril (cyclobenzaprine) is closely related to the tricyclic anti-depressants. 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. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation or documentation of muscle spasms. The request is not medically necessary.