

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0169104 |                              |            |
| <b>Date Assigned:</b> | 09/09/2015   | <b>Date of Injury:</b>       | 12/17/2012 |
| <b>Decision Date:</b> | 10/07/2015   | <b>UR Denial Date:</b>       | 08/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/27/2015 |

### 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:

This 63 year old female sustained an industrial injury to the right shoulder, right elbow, right arm and back on 12-17-12. Magnetic resonance imaging right shoulder (1-7-13) showed a complete supraspinatus tear. Previous treatment included right shoulder arthroscopy (11-8-13), left trigger finger repair (8-9-14), physical therapy and medications. The number of previous physical therapy sessions was unclear. In a request for authorization dated 8-10-15, the injured worker complained of a two week history of worsening shoulder, upper arm and shoulder blade pain that was preventing her from reaching up and performing activities of daily living. The injured worker reported that Vicodin helped with pain and function but made her sleepy. The injured worker tried Flexeril, which helped her spasms. Motrin made her stomach hurt and Tylenol did not relieve pain completely. The injured worker also complained of stomach pain after taking medications. Physical exam was remarkable for bilateral shoulder with tenderness to palpation and decreased range of motion and decreased spontaneous movement in the right shoulder, cervical spine with severe paraspinal musculature with severe occipital notch tenderness to palpation, positive trigger points and decreased range of motion, bilateral elbows with tenderness to palpation and swelling at the medial epicondyle, bilateral wrists with tenderness to palpation and positive Tinel's sign and lumbar spine with tenderness to palpation at the sacroiliac joints and sciatic notches, paraspinal musculature spasms and decreased range of motion. Current diagnoses included cervical spine sprain and strain with radicular component, lumbar spine sprain and strain, right supraspinatus tear, left shoulder tendinitis, left medial epicondylitis, left hand tendinosis, post traumatic occipital neuropathy, right sacroiliac joint pain, hip pain and

iatrogenic gastritis. The treatment plan included continuing home exercise, physical therapy twice a week for four weeks for the shoulders and prescriptions for Sulindac and Flexeril). The physician noted that the injured worker participated in physical therapy two years ago with subsequent improvement in function, pain and range of motion of the neck and shoulders. On 8-17-15, a Utilization Review non-certified a request for Flexeril citing lack of documentation of functional improvement from previous use. Utilization Review modified a request for 8 sessions of physical therapy for the right shoulder to 4 sessions noting that the number of previous physical therapy sessions for the right shoulder was unclear.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy, right shoulder qty: 8.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in December 2012 and is being treated for neck and right shoulder pain with a history of an arthroscopic rotator cuff decompression in November 2013 with 12 post-operative physical therapy treatments as of June 2014. When seen, she was having worsening pain over the past two weeks. She had not had physical therapy for 2 years. Prior treatments had included Flexeril with decreased spasms. Physical examination findings included severe cervical and occipital tenderness. There were cervical trigger points. There was decreased right shoulder range of motion. There was decreased upper extremity strength with pain. There was bilateral epicondyle and wrist tenderness with positive Tinel's testing and the elbows and weakly positive Tinel's testing at the right carpal tunnel. There was sacroiliac joint tenderness with decreased lumbar range of motion and muscle spasms were present. Physical therapy was requested and Sulindac and Flexeril 10 mg #30 with one refill was prescribed. In terms of physical therapy for this condition, guidelines recommend up to 10 treatment sessions over 8 weeks. However, the claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

**Flexeril 10mg qty: 60.00:** 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** The claimant sustained a work injury in December 2012 and is being treated for neck and right shoulder pain with a history of an arthroscopic rotator cuff decompression in November 2013 with 12 post-operative physical therapy treatments as of June 2014. When seen, she was having worsening pain over the past two weeks. She had not had physical therapy for 2 years. Prior treatments had included Flexeril with decreased spasms. Physical examination findings included severe cervical and occipital tenderness. There were cervical trigger points. There was decreased right shoulder range of motion. There was decreased upper extremity strength with pain. There was bilateral epicondyle and wrist tenderness with positive Tinel's testing and the elbows and weakly positive Tinel's testing at the right carpal tunnel. There was sacroiliac joint tenderness with decreased lumbar range of motion and muscle spasms were present. Physical therapy was requested and Sulindac and Flexeril 10 mg #30 with one refill was prescribed. 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. 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, the quantity being prescribed is consistent with at least two months of intended use and is not medically necessary.