

Case Number:	CM15-0188167		
Date Assigned:	09/30/2015	Date of Injury:	05/17/2015
Decision Date:	11/12/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 37-year-old male who sustained an industrial injury on 5-17-2015. An MRI dated 8-27-2015 stated there was a partial articular sided tear of the distal superior fibers of the left subscapularis tendon. An X-ray of the left shoulder and skull performed 5-26-2015 were stated as negative. Documented treatment includes Ibuprofen. As of 8-5-2015, he has not had physical therapy, injections, or used a brace. Ibuprofen is stated to "help." The injured worker continues to present with headaches and left shoulder pain. He reports trouble concentrating, and states the pain keeps him awake at night. He also reports difficulty with non-specified activities of daily living. The physician states concerns regarding post-concussion symptoms, and "significant left-shoulder disability." The treating physician's plan of care includes Naproxen #60 and Cyclobenzaprine #60 which were denied on 9-10-2015. There is no light duty available so he has been unable to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with left shoulder pain. The request is for NAPROXEN 550MG #60. Physical examination to the left shoulder on 10/12/15 revealed tenderness to palpation over the anterior aspect of the biceps tendon subcoracoid region. Range of motion was noted to be decreased. Per 08/17/15 Request For Authorization form, patient's diagnosis include concussion, and biceps tendinitis. Patient's medications, per 08/17/15 progress report include Naproxen and Cyclobenzaprine. Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines 2009, Anti-inflammatory medications, pg 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Treater does not discuss this request. A prescription for Naproxen was first noted in progress report dated 08/17/15 and it appears that the patient has been utilizing this medication at least since then. However, the treater has not provided adequate documentation of medication efficacy and functional improvement. MTUS guidelines require documentation of medication efficacy to continue use. Given the lack of documentation, as required by the guidelines, the request for Naproxen IS NOT medically necessary.

Cyclobenzaprine 7.5 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with left shoulder pain. The request is for CYCLOBENZAPRINE 7.5MG #60. Physical examination to the left shoulder on 10/12/15 revealed tenderness to palpation over the anterior aspect of the biceps tendon subcoracoid region. Range of motion was noted to be decreased. Per 08/17/15 Request For Authorization form, patient's diagnosis include concussion, and biceps tendinitis. Patient's medications, per 08/17/15 progress report include Naproxen and Cyclobenzaprine. Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, Muscle Relaxants (for pain) section, states: "Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): 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). Cyclobenzaprine is more effective than placebo in the management of back pain, although the

effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." Treater does not discuss this request. Review of the medical records provided indicate that the patient utilizing Cyclobenzaprine since at least 08/17/15. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS Guidelines recommend short-term use of Cyclobenzaprine, not to exceed 3 weeks. The requested 60 tablets, in addition to prior use, does not imply short duration therapy. Therefore, the request IS NOT medically necessary.