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| Case Number: | CM15-0192750 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 05/05/2014 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/17/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

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, Hawaii
 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 33 year old female, who sustained an industrial injury on 5-5-2014. Diagnoses include right shoulder impingement, rotator cuff tear, and status post arthroscopic repair. Treatments to date include physical therapy, acupuncture treatments, and TENS unit. The records documented a history of a "severe reaction to Ibuprofen" and a gastrointestinal work-up resulting in a diagnosis of colitis. On 8-27-15, she reported continued improvement. The provider documented "medications as well as physical therapy are proving effective in improving patient's pain levels, function, range of motion, and overall sense of comfort." The physical examination was not documented. She is status post right subacromial decompression with synovectomy and bursectomy (SAD) on 5-15-15. The plan of care included Amrix ER 15mg #40. The records included a prescription dated 6-11-15, for Amrix ER 15mg #40, one tablet before bed as needed for spasm, however; the evaluation on 8-27-15 did not include documentation of the specific medications currently taken or prescribed. The appeal requested authorization for Amrix ER 15mg #40. The Utilization Review dated 9-17-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix ER 15mg #40: Upheld

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

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

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Amrix ER 16mg #40. The requesting treating physician report was not found in the documents provided for review. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided do not indicate that the patient was prescribed this medication previously. In this case, while there is no evidence that the patient has taken Amrix previously, there is also no documentation that the patient presents with acute chronic low back pain. Furthermore, the MTUS guidelines do not indicate the use of muscle relaxants to treat chronic shoulder pain. The current request is not medically necessary.