

Case Number:	CM15-0193771		
Date Assigned:	10/14/2015	Date of Injury:	03/22/2011
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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 62 year old female, who sustained an industrial injury on 3-22-11. The injured worker is being treated for partial tear of rotator cuff of bilateral shoulders, acromioclavicular joint hypertrophy of bilateral shoulders, capsulitis of left shoulder and status post arthroscopy of left shoulder with partial resection of glenoid labrum and manipulation. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, oral medications including Cyclobenzaprine (since at least 3-9-15), Limbrel (since at least 3-9-15), Hydrocodone and Omeprazole; and activity modifications. On 3-9-15 and on 7-6-15, the injured worker complained of constant aching of left shoulder rated 8 out of 10 with limited range of motion and popping and numbness into the left hand. On 9-14-15, the injured worker complains of continued shoulder pain with radiation to arms with numbness and tingling into fingers, especially at night; there is also popping and grinding in shoulders. Work status is noted to be retired. Physical exam performed on 3-9-15, 7-6-15 and 9-14-15 revealed positive crank testing of bilateral shoulders. The treatment plan included prescriptions for Hydrocodone 5-325- mg, Limbrel 500mg #60, Cyclobenzaprine 10mg #30, continuation of transcutaneous electrical nerve stimulation (TENS) unit and continuation of Omeprazole 20mg. On 9-24-15 request for Limbrel 500mg #60 and Cyclobenzaprine 10mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Limbrel 500 mg #60, no refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Limbrel.

Decision rationale: Based on the 9/14/15 progress report provided by the treating physician, this patient presents with continued bilateral shoulder pain, with popping/grinding, radiating into the arms with numbness/tingling into the fingers especially at night. The treater has asked for Limbrel 500 mg #60, no refill on 9/14/15. The patient's diagnoses per request for authorization dated 9/18/15 are partial tear of the rotator cuff, right and left shoulder; acromioclavicular joint hypertrophy both shoulder; capsulitis left shoulder; s/p arthroscopy left shoulder with partial resection of the glenoid labrum and manipulation. The patient was positive to crank testing in the bilateral shoulders per physical exam on 9/14/15. The patient is s/p use of TENS unit with unspecified benefit per 7/6/15 report. The patient was diagnosed with stomach irritation due to Ibuprofen, and requires Limbrel as an NSAID per 9/14/15 report. The patient is currently taking Prilosec as well per 9/14/15 report. The patient is not currently attending therapy, and not working per 7/6/15 report. The patient is permanent and stationary per 9/14/15 report. ODG-TWC, Pain (Chronic) Chapter under Limbrel (flavocoxid) states: "Not recommended based on additional evidence of adverse effects. (Panduranga, 2013) (ACP, 2012) (Reichenbach, 2012) It had been under study as an option for arthritis in patients at risk of adverse effects from NSAIDs. Limbrel is a botanical medical food, made from root and bark extracts from plants. It contains flavocoxid, a blend of two flavonoids (baicalin and catechins). It is thought to inhibit the conversion of arachidonic acid to both prostaglandins and leukotrienes." Per requesting 9/14/15 report, the treater states: "Please note, the patient was diagnosed with stomach irritation due to Ibuprofen. Therefore, she requires the Limbrel as an NSAID." Limbrel has been included in patient's medications in progress reports dated 3/9/15, 7/6/15, and 9/14/15. However, the patient Limbrel is not recommended by guidelines due to its adverse side effects. The request to continue this medical food cannot be warranted given lack of support. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 10 mg #30, no refill: Upheld

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

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

Decision rationale: Based on the 9/14/15 progress report provided by the treating physician, this patient presents with continued bilateral shoulder pain, with popping/grinding, radiating into the

arms with numbness/tingling into the fingers especially at night. The treater has asked for Cyclobenzaprine 10 mg #30, no refill on 9/14/15. The patient's diagnoses per request for authorization dated 9/18/15 are partial tear of the rotator cuff, right and left shoulder; acromioclavicular joint hypertrophy both shoulder; capsulitis left shoulder; s/p arthroscopy left shoulder with partial resection of the glenoid labrum and manipulation. The patient was positive to crank testing in the bilateral shoulders per physical exam on 9/14/15. The patient is s/p use of TENS unit with unspecified benefit per 7/6/15 report. The patient was diagnosed with stomach irritation due to Ibuprofen, and requires Limbrel as an NSAID per 9/14/15 report. The patient is currently taking Prilosec as well per 9/14/15 report. The patient is not currently attending therapy, and not working per 7/6/15 report. The patient is permanent and stationary per 9/14/15 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." The treater does not discuss this request in the reports provided. The patient has been taking Cyclobenzaprine as early as 3/9/15 report, and in subsequent reports dated 7/6/15 and 9/14/15. 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. In addition to prior usage, the current request for 30 tablets does not imply an intent for short-term usage of this medication. There is no discussion of an acute flare-up in this patient's symptoms, either. Therefore, the request IS NOT medically necessary.