

Case Number:	CM15-0200291		
Date Assigned:	10/15/2015	Date of Injury:	04/26/2010
Decision Date:	12/01/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/13/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 39 year old male, who sustained an industrial-work injury on 4-26-10. A review of the medical records indicates that the injured worker is undergoing treatment for status post right shoulder surgery with residual subacromial bursitis. Treatment to date has included pain medication, tried Tramadol, Xanax and Cyclobenzaprine (both taken since at least 5-21-15), Transcutaneous electrical nerve stimulation (TENS), rest, ice, physical therapy, injections and other modalities. Medical records dated (5-21-15 to 9-3-15) indicate that the injured worker complains of decline in the range of motion of the right shoulder which has been worsening, and difficulty with activity involving the right shoulder such as activities of daily living (ADL). The pain is rated 7-8 out of 10 on the pain scale. The physician indicates failed physical therapy, injection, activity modifications and home exercise program (HEP). The physician indicates that medication facilitates maintenance of activities of daily living (ADL) including household duties, shopping for groceries, grooming, and simple food preparation and cooking. The physician indicates that Cyclobenzaprine facilitates improved range of motion and decreased achy pain. It decreases the spasm for 4-6 hours facilitating marked improvement in range of motion, tolerance to exercise, and additional decrease in overall pain level average 3-4 points average on 10 scale. The Xanax decreases the reactive anxiety. Per the treating physician report dated 9-3-15 the work status is permanent and stationary. The physical exam dated 9-3-15 reveals right shoulder flexion 90 degrees, abduction 80 degrees, external rotation 60 degrees and internal rotation 50 degrees. There is tenderness of the cervical and lumbar spine, limited range of motion with pain, positive straight leg raise on the right for foot pain and decreased spasms. The physician indicates that he recommends extra corporeal shockwave therapy 3 sessions for

right shoulder to treat refractory calcifying tendinitis of the right shoulder. The request for authorization date was 9-29-15 and requested services included Cyclobenzaprine 7.5MG #90, dispensed 9-3-15, Extra corporeal shockwave therapy 3 sessions for right shoulder, qty 3, and Xanax 0.5mg #60. The original Utilization review dated 10-5-15 non-certified the request for extra corporeal shockwave therapy 3 sessions for right shoulder, qty 3, and Xanax 0.5mg #60. The request for Cyclobenzaprine 7.5MG #90, dispensed 9-3-15 is modified to Cyclobenzaprine 7.5MG #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5MG #90, dispensed 9/3/15: Upheld

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

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

Decision rationale: Cyclobenzaprine is a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been using cyclobenzaprine since at least May 2015. The duration of treatment surpasses the recommended short-term duration of two weeks. The request is not medically necessary and should not be authorized.

Extra corporeal shockwave therapy 3 sessions for right shoulder, qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: shock wave therapy.

Decision rationale: Shock wave therapy is recommended for calcifying tendinitis but not for other shoulder disorders. For patients with calcifying tendinitis of the shoulder with inhomogeneous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its

non-invasiveness. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. In this case, there is documentation of prior right shoulder surgery and bilateral pain. The shockwave therapy is contraindicated. The request is not medically necessary and should not be authorized.

Xanax 0.5mg #60: Upheld

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

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

Decision rationale: Xanax is the benzodiazepine alprazolam. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case the patient has been using Xanax since at least May 2015. Long-term use of benzodiazepines are not recommended. The request is not medically necessary and should not be authorized.