

Case Number:	CM15-0220636		
Date Assigned:	11/16/2015	Date of Injury:	01/12/2006
Decision Date:	12/29/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/10/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on January 12, 2006. The worker is being treated for: chronic myofascial pain syndrome, cervical and upper thoracic spine, moderate to severe; right shoulder strain and sprain, depression. Subjective: July 2015 she reported headaches occurring less frequently. September 07, 2015 she reported worsening of the painful and restricted movements of her right shoulder as well as constant neck, upper and mid back pain. September 28, 2015 she reported complaint of experiencing constant pain in the right shoulder, neck, upper and lower back. She reported getting greater than 60 to 70 % improvement in both overall pain and ability to function with current medication regimen. She also reported feeling moderately depressed with difficulty sleeping due to increased right shoulder pain. Objective: September 28, 2015 noted thoracic ROM was slightly restricted with both flexion and extension; cervical ROM was moderately restricted in all planes. There were multiple myofascial trigger points and muscle spasms noted throughout the cervical paraspinal, trapezius, and levator scapulae, scalene, infraspinatus, and thoracic paraspinal musculature. Medication: May 25, 2015: Norco, Cymbalta, and Carisoprodol. July 2015: Norco and Cymbalta. September 07, 2015: prescribed Norco, Cymbalta, and Flexeril. September 28, 2015: Norco, Cymbalta, and Flexeril. Treatment: status post cervical spine surgery; September 2015 administration of TPI's and right shoulder steroid injection. On September 09, 2015 a request was made for Flexeril 10mg #90 that was noted modified, and MRI of the right shoulder that was noncertified by Utilization Review on October 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although there was identified muscle spasm and pain in the upper back, neck, and shoulder areas, a request for 90 pills of Flexeril would be excessive for an acute flare, and therefore, as chronic use of this drug class is not recommended, this request is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Indications for imaging-Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. Physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Reynaud's phenomenon, 3. Failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In this case, the worker presented with worsening shoulder pain and muscle spasm

and pain in the neck and upper back as well. The documentation of physical findings did not include provocative testing of the rotator cuff, but did reveal decreased range of motion of the right shoulder. Also, a plan for shoulder injection was agreed to and had not yet been carried out. Therefore, only after treatments (injections, medications) with continued worsening of shoulder symptoms and clear objective evidence from physical examination of red flag diagnosis, this request for MRI of the right shoulder is not medically necessary at this time.