

Case Number:	CM15-0030212		
Date Assigned:	03/19/2015	Date of Injury:	04/30/2013
Decision Date:	04/23/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/18/2015

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 48 year old female, who sustained an industrial injury on 4/30/13. She reported cervical spine, left shoulder/arm and mid spine symptoms. The injured worker was diagnosed as having left shoulder sprain/strain with clinical impingement, cervical spine sprain/strain, muscle spasms, thoracic spine sprain/strain, lumbar spine sprain/strain, cervical spine disc desiccation, cervical spine multilevel disc protrusions, left shoulder supraspinatus tendinosis, left shoulder minimal subacromial and subscapularis bursitis, left shoulder minimal glenohumeral joint effusion, right lateral scoliosis of thoracic spine and kyphotic angulation of the thoracic spine. Treatment to date has included (MRI) magnetic resonance imaging of thoracic spine, upper extremity (EMG) Electromyogram studies, and (MRI) magnetic resonance imaging of lumbar spine, physical therapy, home exercise program and oral medications. Currently, the injured worker complains of constant left shoulder pain, with radiating to left hand with numbness, tingling and stabbing sensation, decreased with resting of arm on a surface; left sided mid and upper back pain with radiation to neck with soreness and numbness and tingling sensation radiating down her arm to her hand. The injured worker states physical therapy helps decrease her pain temporarily and pain is poorly controlled with medication. The treatment plan included physical therapy, orthopedic consultation, Cyclobenzaprine and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: 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), Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation functional capacity evaluations. ACOEM chapter 7, page 137-139.

Decision rationale: The 48 year old patient complains of left shoulder pain that radiates to the left arm to with numbness, tingling and stabbing sensation, left-sided mid and upper back pain, anxiety, depression and insomnia, as per progress report dated 01/30/15. The request is for FUNCTIONAL CAPACITY EVALUATION. There is no RFA for this case, and the patient's date of injury is 04/30/13. Diagnoses, as per progress report dated 01/30/15, included left shoulder sprain/strain with clinical impingement, cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, muscle spasms, cervical disc desiccation, cervical spine multilevel disc protrusions, left shoulder supraspinatus tendinitis, left shoulder subacromial bursitis, left shoulder glenohumeral joint effusion, right lateral scoliosis of thoracic spine, and Kyphotic angulation of thoracic spine. Medications included cyclobenzaprine and ibuprofen, as per the same report. The patient has been allowed to return to modified work, as per progress report dated 12/17/14. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, none of the progress reports available for review discuss this request. However, two quantitative functional capacity evaluation reports dated 10/14/14 and 12/16/14 have been provided. It is not clear why the treating physician is requesting for another functional capacity evaluation. Routine FCE is not supported by the ACOEM. Additionally, the patient is back to modified work without any issues, as per progress report dated 12/17/14. Hence, the request IS NOT medically necessary.

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 48 year old patient complains of left shoulder pain that radiates to the left arm to with numbness, tingling and stabbing sensation, left-sided mid and upper back pain, anxiety, depression and insomnia, as per progress report dated 01/30/15. The request is for

CYCLOBENZAPRINE 10 mg # 30. There is no RFA for this case, and the patient's date of injury is 04/30/13. Diagnoses, as per progress report dated 01/30/15, included left shoulder sprain/strain with clinical impingement, cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, muscle spasms, cervical disc desiccation, cervical spine multilevel disc protrusions, left shoulder supraspinatus tendinitis, left shoulder subacromial bursitis, left shoulder glenohumeral joint effusion, right lateral scoliosis of thoracic spine, and Kyphotic angulation of thoracic spine. Medications included cyclobenzaprine and ibuprofen, as per the same report. The patient has been allowed to return to modified work, as per progress report dated 12/17/14. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, Cyclobenzaprine is only mentioned in progress report dated 01/30/15. However, in a prior report dated 12/17/14, the treating physician states that the patient is experiencing excessive relaxation with muscle relaxants. The UR letter states that the patient has been using muscle relaxants at least since September 2014. MTUS, however, recommends only short-term use of muscle relaxants. Hence, the request IS NOT medically necessary.