

Case Number:	CM15-0032686		
Date Assigned:	02/26/2015	Date of Injury:	07/17/2014
Decision Date:	04/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/20/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 37-year-old male, who sustained an industrial injury reported on 7/17/2014. He has reported chronic low back, neck and bilateral shoulder pain. The diagnoses were noted to include cervical sprain/strain with cervicogenic headaches; lumbar strain with radiculitis; bilateral shoulder strain; and back contusion. Treatments to date have included consultations; diagnostic imaging studies; physical performance testing with report (1/14/15); acupuncture treatments; and medication management. The work status classification for this injured worker (IW) was noted to be returned to work, with restrictions, as of 1/15/2015. On 2/3/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/15/2015, for Cyclobenzaprine 7.5mg #60; and Lidoderm cream 121 gm; 1 magnetic resonance imaging study of the left shoulder; and 1 transcutaneous electrical stimulation unit with 4 pair of patches. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, muscle relaxants - Cyclobenzaprine, topical lidocaine analgesics; and the American College of Occupational and Environmental Medicine, chapter 9 - shoulder complaints, chronic pain, transcutaneous electrical stimulation unit, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41.

Decision rationale: The medical records provided for review report localized pain in the shoulder but do not demonstrate reduction in spasm related to flexeril and does not indicate or support a rationale for chronic therapy. MTUS guidelines support flexeril for short term use only. As such the medical records do not support use of flexeril congruent with odg guidelines.

Lidoderm Cream 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topicals Page(s): 111.

Decision rationale: The medical records provided for review does not indicate a neuropathic pain condition for which Lidoderm is indicated and supported under ODG guidelines. This medication is not supported for treatment of osteoarthritis or myofascial pain. There is no demonstration of failure of first line agents of oral tricyclic agents or anticonvulsant medications.

MRI of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- shoulder, MRI.

Decision rationale: The medical records reports pain with bilateral shoulder strain. There is no indication of shoulder instability or any suspicion of tumor, infection or mass lesion. MRI is supported for joint instability, need for surgical consideration, suspicion for tumor or infection. As such the medical records do not support MRI of shoulder congruent with ODG guidelines.

TENS Patches 4 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-117.

Decision rationale: ODG guidelines support use of TENS for trial for musculoskeletal pain. The medical records provided for review regarding recent treatment in 2014 does not support ongoing use of TENS unit as it does not demonstrate objective functional gain from the use of a TENS unit in support of ongoing use and as such TENS pads. There is no documentation of mitigating conditions in support of treatment. As such the medical records do not report findings supporting use of TENS congruent with ODG guidelines.