

Case Number:	CM15-0054051		
Date Assigned:	03/27/2015	Date of Injury:	10/26/2011
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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: Arizona, California
 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 52 year old female, who sustained an industrial injury on October 26, 2011. She reported injury to the low back, left shoulder and neck. The injured worker was diagnosed as having cervical degenerative disc disease, shoulder sprain/strain, and lumbar sprain/strain. Treatment to date has included medications, home exercise program, transcutaneous electrical nerve stimulation, ultrasound therapy, surgery, and physical therapy. On February 10, 2015, she is seen for follow up regarding left shoulder pain. She had surgery on November 4, 2014 and had been doing home exercises, and attending physical therapy. The treatment plan included continuing physical therapy, requesting chiropractic treatment, transcutaneous electrical nerve stimulation unit, refilling medications of Naproxen, Lidopro, Omeprazole, and Cyclobenzaprine, and follow up in 6 weeks. The request is for 12 physical therapy sessions, Lidopro, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- shoulder chapter- physical therapy and pg27.

Decision rationale: In this case, the claimant had undergone left shoulder arthroscopy for subacromial decompression and completed 2 months of physical therapy post-operatively. According to the guidelines, up to 24 visits over 14 weeks can be provided after arthroscopic surgery. In this case, the claimant is performing home exercises. There is no indication that the claimant cannot perform additional exercises at home. The amount of therapy sessions completed is unknown. The request for additional 12 sessions of therapy is not medically necessary.

LIDOPRO 121MG (DOS 2/10/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. The claimant had been using topical Lidopro for several months. Long-term use of topical analgesics such as LidoPro is not recommended. The request for continued and long-term use of LidoPro as above is not medically necessary.

FLEXERIL 7.5MG (DOS 2/10/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in

combination with oral Naproxen. Recent progress note on 2/10/15 did not mention clinical justification for continued Flexeril use. The Flexeril is not medically necessary.