

Case Number:	CM14-0110362		
Date Assigned:	09/16/2014	Date of Injury:	04/13/2012
Decision Date:	11/12/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old female with a reported date of injury on 04/13/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include right shoulder rotator cuff tear, cervical sprain/strain with 3 mm disc bulge at the C5-6, and status post right shoulder arthroscopy, subacromial decompression. Her previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 06/25/2014 revealed complaints of persistent flare ups of pain and stiffness to the right shoulder rated 8/10. The injured worker indicated she could not lie on her right shoulder and complained of frequent constant headaches that she felt were associated with her right shoulder and right side neck pain symptoms. The injured worker complained of right sided neck pain that was rated 7/10 to 8/10. The injured worker complained of numbness and a feeling of poor circulation about her right forearm and right wrist/hand. The physical examination revealed tenderness over the anterior capsule of the right shoulder. Tenderness was also noted over the right upper trapezius and right posterior scapular musculature, where muscle spasms and myofascial trigger points were noted. The range of motion to the right shoulder was diminished. There was tenderness noted over the right posterior cervical, paraspinal, and right upper trapezius musculature, where muscle spasms and myofascial trigger points were noted. The range of motion of the cervical spine was diminished and there was increased neck pain upon the extremes of right rotation and extension about the cervical spine. Her medications were noted to include Ativan, Flexeril, Tylenol Arthritis, Prevacid, and Tapazole; however, the doses and frequencies were not submitted within the medical records. The Request for Authorization form was not submitted within the medical records. The request was for Ativan 2mg #90 with 3

refills, and Flexeril 10mg #90 refills X 3; however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepin Page(s): 24..

Decision rationale: The request for Ativan 2mg #90 with 3 refills is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, the continued use would not be supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Flexeril 10mg #90 refills X 3: Upheld

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

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

Decision rationale: The request for Flexeril 10mg #90 refills X 3 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of efficacy and objective functional improvement, therefore, the continued use would not be supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.