

<b>Case Number:</b>	CM14-0121117		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Anesthesiology,, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 58 year old female injured on 02/19/09. Diagnoses include status post cervical fusion, cervical discogenic disease, cervical facet arthrosis, chronic cervical spine sprain/strain, left shoulder rotator cuff impingement with cuff tear, lumbar discogenic disease by history, and lumbar radiculitis to the left lower extremity radiculitis. The clinical note dated 09/11/14 indicated the injured worker presented complaining of neck pain, severe low back pain, worsening severe left shoulder pain, in addition to difficulty sleeping. Physical examination revealed restricted range of motion of the cervical spine, healed anterior scar, motor strength 5/5, straight leg raise positive on the left, SI radicular pain terminating in the plantar aspect of the left foot, sciatic notch tenderness to palpation on the left, left shoulder pain worsening, positive impingement sign, subacromial tenderness to palpation, AC joint tenderness to outpatient, restricted range of motion in the left shoulder. Treatment plan included request for open decompression of the left shoulder for rotator cuff repair following failure of several months of therapy, request for L5-S1 epidural block times 3 following failure of conservative therapy to include oral medications, activity modification, physical therapy, and prolonged rest. Refill for Norco 325mg 1 tablet BID, Anaprox 1 tablet BID, Flexeril 7.5mg 1 tablet QHS, Colace 100mg 1 tablet TID, and Prilosec 20mg 1 tablet daily was provided. There was no additional clinical documentation provided for review. The initial request was non-certified on 07/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

**Decision rationale:** This medication is not discussed in the recent clinical documentation. The lack of documentation limits the ability to establish the injured worker's current clinical status and substantiate the medical necessity of the requested medication. As such, the request for the Cyclobenzaprine 7.5mg #90 is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti inflammatory medications & gastrointestinal symptoms.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

**Decision rationale:** This medication is not discussed in the recent clinical documentation. The lack of documentation limits the ability to establish the injured worker's current clinical status and substantiate the medical necessity of the requested medication. As such, the request for the Omeprazole 20mg #60 is not medically necessary.

**Gabapentin 10%, Lidocaine 5%, Tramadol 15%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

**Decision rationale:** This medication is not discussed in the recent clinical documentation. The lack of documentation limits the ability to establish the injured worker's current clinical status and substantiate the medical necessity of the requested medication. As such, the request for the Gabapentin 10%, Lidocaine 5%, Tramadol 15% is not medically necessary.

**Cyclobenzaprine 2%, Tramadol 10%, Flubiprofen 20%,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

**Decision rationale:** This medication is not discussed in the recent clinical documentation. The lack of documentation limits the ability to establish the injured worker's current clinical status and substantiate the medical necessity of the requested medication. As such, the request for the Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% is not medically necessary.