

Case Number:	CM14-0128008		
Date Assigned:	08/15/2014	Date of Injury:	10/22/2013
Decision Date:	09/29/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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 and is licensed to practice in California. 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:

This is a 33-year-old male with a 10/22/13 date of injury, when he was pulling a tank valve in an industrial wine tank and felt a cracking sensation in his right shoulder. The progress report dated 10/22/13 stated that the patient failed Flexeril due to sedation and was taking Skelaxin, Motrin and Tramadol. The patient was seen on 7/25/14 with complaints of neck and right shoulder pain. The pain was rated 5/10 without medications and 3/10 with medications. Exam findings revealed restricted range of motion in the cervical spine and tenderness and spasticity in the cervical paraspinal muscles. The range of motion in the right shoulder was: flexion 130 degrees, abduction 110 degrees, and internal rotation 30 degrees and external rotation 60 degrees. Neer's test, Hawkins's test and drop arm tests were positive. The patient had tenderness of the acromioclavicular joint, the biceps groove, subdeltoid bursa and the right pectoralis region and the right scapular medial border. The motor strength of the grip was 5/5 bilaterally. The sensory examination and reflexes were normal. The patient was seen on 8/22/14 with complaints of neck pain and right shoulder pain. The patient stated that his pain level decreased since last visit and rated his pain 3/10 with medications and 5/10 without medications. The note stated that he failed Skelaxin and that Flexeril was very helpful with treating his muscle spasms and that he reduced the intake to 1 tablet a day. The patient was taking Celebrex and reduced the intake to QD and failed Motrin due to gastrointestinal upset. The physical examination revealed grip strength 5/5. The patient was motivated to go back to work. The diagnosis is right shoulder impingement syndrome, cervical strain/sprain. Treatment to date: work restrictions, medications, physical therapy, TENS unit, trigger point injections, home exercise program, an adverse determination was received on 8/7/14 given. The request for Functional Capacity Evaluation was denied because the records indicated that the patient had undergone a work hardening program and that the request was not job specific. The request for Celebrex 100mg #60 was denied because the

submitted documentation indicated that the patient was prescribed Celebrex due to a gastrointestinal discomfort from other NSAIDs and there was no indication that the patient was about to undergo surgery or interventional procedure. The request for Flexeril 5 mg #60 was modified to 1 prescription of Flexeril 5mg #40, because the record indicated that the patient has been taking Flexeril for longer than 2 to 3 weeks and the weaning was recommended.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations (page 132-139) Official Disability Guidelines (ODG) (Fitness for Duty Chapter), FCE.

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. There is a lack of documentation indicating that the patient had unsuccessful attempts to return to work. There is no rationale with regards to the clearly specified goals with the FCE. Therefore, the request for Functional capacity evaluation was not medically necessary.

Celebrex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebre Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter ,FDA (Celebrex).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid

arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. The records indicated, that the patient was using Celebrex at least from 8/22/14 however there is a lack of documentation indicating objective functional gains with the treatment, decrease of the pain on the VAS scale and improvement with the muscle spasms. In addition, the patient had already exceeded the recommended length of treatment with Celebrex due to the Guidelines. Therefore, the request for Celebrex 100mg #60 was not medically necessary.

Flexeril 5mg #60: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to page 63 of the Chronic Pain Medical Treatment Guidelines, Flexeril is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The UR decision dated 8/7/14 modified the request for Flexeril to quantity 40 and recommended weaning of this medication. The records indicated that the patient was using Flexeril at least from 10/22/13 and the Guidelines do not recommend the use of muscle relaxants for the prolonged time. Therefore, the request for Flexeril 5mg #60 was not medically necessary.