

Case Number:	CM14-0023122		
Date Assigned:	05/14/2014	Date of Injury:	07/16/2005
Decision Date:	09/19/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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 and Florida. 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 patient is a 66 year old female who was injured on 7/16/2005. The diagnoses are left shoulder, neck sprain and left knee pain. The past surgery history is significant for left knee arthroscopy surgeries. The MRI showed severe rotator cuff tendinitis and acromioclavicular joint degeneration. On the most recent office visit dated 1/15/2014, [REDACTED] noted subjective complaints of severe left shoulder pain. The patient completed acupuncture treatments and was being managed by [REDACTED]. A Utilization Review determination was rendered on 2/18/2014 recommending for Therabenzaprine 60 # 120 and Treproxiam 7.5mg #120 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERABENZAPRINE 60 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: The CA MTUS addressed the use of antispasmodics and muscle relaxants in the treatment of muscle spasm associated with chronic musculoskeletal pain. It is recommended

that non sedating muscle relaxants be utilized when necessary as a second line option when acute exacerbations of symptoms are non responsive to standard treatment with NSAIDs, physical therapy and exercise. The use of muscle relaxants should be limited to less than 4 weeks to minimize the risk of dependency, sedation and addiction associated with chronic use of muscle relaxants. The records indicate that the patient have been utilizing Therabenzaprine for more than the recommended 4 weeks period. The criteria for the use of Therabenzaprine 60 #120 was not met.

TREPOXICAM 7.5 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73.

Decision rationale: The CA MTUS recommend that the use of NSAIDs be limited to the lowest possible dose for the shortest periods during periods of exacerbation of chronic pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal side effects. The records did not show that the patient have failed trials with first-line NSAIDs before treatment with Treproxiam. The criteria for the use of Treproxiam 7.5 # 120 was not met.