

Case Number:	CM14-0099727		
Date Assigned:	07/28/2014	Date of Injury:	08/18/2010
Decision Date:	10/14/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/26/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, depression, and anxiety reportedly associated with an industrial injury of August 18, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; opioid therapy and unspecified amounts of physical therapy. In a Utilization Review Report dated June 11, 2014, the claims administrator denied a request for Flexeril and Voltaren. The claims administrator did acknowledge that the applicant had a history of hepatic cirrhosis it is incidentally noted. On May 19 2014, the applicant reported persistent complaints of shoulder pain status post left shoulder surgery on March 17, 2014. The applicant had not used oxycodone in two weeks. The applicant was trying to wean off opioids. The applicant was using Flexeril and Voltaren gel it was stated. The applicant was also on Seroquel, it was acknowledged. The applicant was having issues with sleep disturbance it was stated. In another section of the report, it was stated that the applicant was using Voltaren, methadone, Flexeril, Colace, glyburide, and metformin. It did appear that this portion of the note had not been updated. The applicant was described as obese. Voltaren gel and Flexeril were endorsed, along with a rather proscriptive 10-pound lifting limitation. The attending provider stated that the applicant's history of hepatic cirrhosis was limiting medication choice. The attending provider also documented a history of bundle branch block and heart murmur.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg tablet #30.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41, 64.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic and psychotropic medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that page 64 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that cyclobenzaprine or Flexeril be avoided in applicants with arrhythmias or heart block, both of which are reportedly present here. Therefore, the request for Flexeril 10mg tablet #30 is not medically necessary and appropriate.

Voltaren 1 percent gel three times a day #2.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section. Page(s): 7, 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Voltaren gel has "not been evaluated" for treatment involving the shoulder, the primary pain generator here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should tailor medications and dosages to the individual applicant taking into consideration applicant-specific variables such as comorbidities and other medications. In this case, the applicant apparently has issues with hepatic cirrhosis that is apparently limiting provision of many first-line oral pharmaceuticals, the attending provider had posited. Selection of Voltaren gel is therefore indicated. Therefore, the request for Voltaren 1 percent gel three times a day #2 is medically necessary and appropriate.