

Case Number:	CM14-0158225		
Date Assigned:	10/29/2014	Date of Injury:	06/11/2012
Decision Date:	01/02/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/26/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 51 year old employee with date of injury 6/11/12. Medical records indicate the patient is undergoing treatment for left partial rotator cuff tear, left nerve brachial plexus, long thoracic nerve, post laminectomy syndrome and cervicgia with left radiculopathy. Patient is status post L4-5/ L5-S1 posterior lumbar fusion Subjective complaints include persistent low back, neck, left shoulder pain and headache. Patient describes neck pain as constant, sharp shooting pain with numbness and tingling into bilateral upper extremities. He reports numbness and weakness in the left lower extremity and both hands. Pain has prevented him from working and doing household chores. He admits to physical deconditioning due to pain. Objective complaints include decreased cervical range of motion with tenderness to palpation over bilateral paraspinal muscles and superior trapezii; decreased range of motion (ROM) of lumbar spine with spasm and tenderness over bilateral paraspinal muscles bilaterally. Motor strength in normal upper and lower extremities except 4/5 left ankle plantar flexion and left great toe extension. Treatment has consisted of cervical epidural steroid injection. Left rotator cuff repair 6/9/14. The patient's physical therapy for shoulder indicated good progress with decreased pain and increased function, strength and ROM following 6 recent visits. Home exercise program, acupuncture, transcutaneous electrical nerve stimulation (TENS) unit and LS orthosis back brace. Medications include Ultram ER, Percocet, Morphine ER, Diclofenac XR, Prilosec, and Norco. The utilization review determination was rendered on 9/9/14 recommending non-certification of Decision for 10 physical therapy sessions and Decision for 1 prescription of Flexeril 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient was certified for 8 physical therapy sessions which is consistent with MTUS and ODG guidelines for initial 'trial' of treatment. Additionally sessions may be warranted based on the progress during the initial treatment sessions. ODG would recommend up to 14 visits over 6 weeks for brachial plexus syndrome, which was suggest as the correct diagnosis by one treating physician. No medical documentation was provided, however, to support this diagnosis. Progress notes made no mention as to the progress of the patient's shoulder or his response to physical therapy as it pertains to his request. As such, the request for 10 physical therapy sessions is not medically necessary.

1 Prescription of Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril)/Muscle Relaxants (for Pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for Chronic Pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril), and on Other Medical Treatment Guideline or Medical Evidence: Up-to-date, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse

effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Up-to-date "Flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Cyclobenzaprine. ODG states regarding Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of Cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with Cyclobenzaprine, which ODG recommends against. As such, the request for Flexeril 10mg #60 is not medically necessary.