

Case Number:	CM14-0214037		
Date Assigned:	12/31/2014	Date of Injury:	10/20/2012
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 25 year-old patient sustained an injury on 10/20/12 while employed by Associated Microbreweries, LTD. Request(s) under consideration include Ibuprofen 800mg #60 x 1 refill and Cyclobenzaprine cream 60gm x 1 refill. Diagnoses include Left cervical spine radiculitis; myofascial pain syndrome; and left shoulder strain. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/18/14 from the provider noted neck and left shoulder pain rated at 7/10 with left upper extremity weakness without changed in clinical presentation. Medications list Xanax, Ibuprofen, Cyclobenzaprine, and Norco. Previous MRI and EMG/NCS were without significant findings. Treatment plan included medications. The request(s) for Ibuprofen 800mg #60 x 1 refill was modified without refill and Cyclobenzaprine cream 60gm x 1 refill was non-certified on 12/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This 25 year-old patient sustained an injury on 10/20/12 while employed by Associated Microbreweries, LTD. Request(s) under consideration include Ibuprofen 800mg #60 x 1 refill and Cyclobenzaprine cream 60gm x 1 refill. Diagnoses include Left cervical spine radiculitis; myofascial pain syndrome; and left shoulder strain. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/18/14 from the provider noted neck and left shoulder pain rated at 7/10 with left upper extremity weakness without changed in clinical presentation. Medications list Xanax, Ibuprofen, Cyclobenzaprine, and Norco. Previous MRI and EMG/NCS were without significant findings. Treatment plan included medications. The request(s) for Ibuprofen 800mg #60 x 1 refill was modified without refill and Cyclobenzaprine cream 60gm x 1 refill was non-certified on 12/2/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic 2012 injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The Ibuprofen 800mg #60 x 1 refill is not medically necessary and appropriate.

Cyclobenzaprine cream 60gm x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: This 25 year-old patient sustained an injury on 10/20/12 while employed by Associated Microbreweries, LTD. Request(s) under consideration include Ibuprofen 800mg #60 x 1 refill and Cyclobenzaprine cream 60gm x 1 refill. Diagnoses include Left cervical spine radiculitis; myofascial pain syndrome; and left shoulder strain. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/18/14 from the provider noted neck and left shoulder pain rated at 7/10 with left upper extremity weakness without changed in clinical presentation. Medications list Xanax, Ibuprofen, Cyclobenzaprine, and Norco. Previous MRI and EMG/NCS were without significant findings. Treatment plan included medications. The request(s) for Ibuprofen 800mg #60 x 1 refill was modified without refill and Cyclobenzaprine cream 60gm x 1 refill was non-certified on 12/2/14. Diagnoses include s/p left arthroscopic shoulder surgery, left wrist CTS, and left elbow epicondylitis. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2012. Additionally, the efficacy

in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine cream 60gm x 1 refill is not medically necessary and appropriate.