

Case Number:	CM14-0216011		
Date Assigned:	01/06/2015	Date of Injury:	11/20/2009
Decision Date:	02/28/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabilitation

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 injured worker is a 49 year old female who sustained a work related injury November 20, 2009. An MR arthrogram of the right shoulder performed May 23, 2014(present is medical record), reveals a superior labral tear (SLAP) tear extending from the anterior to the posterior region of the superior labrum. There is also calcific tendinitis within the infraspinatus tendon measuring 0.9x0.7x0.7 centimeters in dimension. On August 27, 2014, the injured worker underwent arthroscopic revision of the right shoulder subacromial decompression; extensive debridement superior labrum degenerative type 1 superior labrum anterior and posterior lesion tear, and lysis of adhesions subdeltoid, subclavicular, retrocoracoid regions, right shoulder. A primary treating physician's report dated December 5, 2014, finds the injured worker presenting for evaluation. The physician noted she completed 12 sessions of post-operative physical therapy to the right shoulder and is currently attending the second session of the remaining 6. She reports improvement with range of motion and muscle strength, and decrease in pain and inflammation. Examination of the right shoulder reveals a well healed surgical scar. Tenderness to palpation is present over the periscapular musculature and supraspinatus tendon. The impingement test is negative. Right shoulder range of motion; flexion 160 degrees, extension 45 degrees, abduction 168 degrees, adduction 26 degrees, internal rotation 70 degrees and external rotation is not legible in record. Pain is noted to be present with abduction. There is also a complaint of low back pain with stiffness and spasm which had been treated with physical therapy and chiropractic without improvement. Straight leg raise test positive. Treatment plan included medications, continue home exercise program, and MRI lumbar spine. Work status is documented as

temporarily totally disabled for four to six weeks. According to utilization review performed December 19, 2014, the prospective request for Norco has been certified. The prospective requests for Fexmid 7.5mg #60 and Flector patch 1.3% #30 are non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines, there is no additional benefit shown, combining muscle relaxants with NSAIDS as an option for upper back complaints. Efficacy diminishes over time, and prolonged use may lead to dependence. Fexmid has been taken for greater than a year according to medical records which is incongruent with evidence based guidelines and therefore non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines, the use of topical analgesics is largely experimental. According to the medical records, there were no findings consistent with osteoarthritis, and symptoms were characterized as chronic. Therefore, the request for Flector patch is medically unnecessary and non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Fexmid 7.5mg #60: Upheld

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

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

Decision rationale: The patient presents with right shoulder pain rated (05/10) with and (7-8/10) without medication. The request is for Fexmid 7.5mg, #60. Fexmid was included on the progress report dated 10/24/14. Patient diagnosis included rotator cuff syndrome of shoulder and allied disorders and adhesive capsulitis of shoulder. Patient is status-post right shoulder surgery on 08/27/14 and has received 12 sessions of post-operative physical therapy directed to the right shoulder. The patient reports improvement with range of motion, muscle strength, and decreased pain and inflammation as a result of physical therapy. Patient is totally temporarily disabled. MTUS guidelines page 64 states the following, Fexmid (cyclobenzaprine) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxant for pain page 63 state, Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2 to 3 weeks for use of the medication. The reports provided show the patient has been prescribed Fexmid since at least 10/24/14. In this case, MTUS recommends this medication for short term use of 2-3 weeks and the patient has been prescribed the medication on a long-term basis. The treater does not provide a rationale for use outside guidelines. Lacking recommendation for long-term use by MTUS, the request IS NOT medically necessary.

Prospective request for 1 prescription of Flector patch 1.3% #30.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDs, MTUS Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain chapter, flector patch

Decision rationale: The patient presents with right shoulder pain rated (05/10) with and (7-8/10) without medication. The request is for FLECTOR PATCH 1.3% # 30. Per the medical records provided, it does not appear that the patient has used Flector patch in the past. Patient diagnosis included rotator cuff syndrome of shoulder and allied disorders and adhesive capsulitis of shoulder. Patient is status-post right shoulder surgery on 08/27/14 and has received 12 sessions of post-operative physical therapy directed to the right shoulder. The patient reports improvement with range of motion, muscle strength, and decreased pain and inflammation as a result of physical therapy. Of note, the MRI of the right shoulder post joint injection of 05/23/14 showed calcific tendonitis within the infraspinatus tendon and Mild tendonitis of the supraspinatus tendon. Patient is totally temporarily disabled. Regarding topical NSAIDs, MTUS Topical Analgesics, pg 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). ODG Guidelines, chapter Pain and Topic Flector patch state that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks. Per MTUS guidelines, Flector patch is indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. In this case, the patient does not present with peripheral joint osteoarthritis or tendinitis. Although the patient has right shoulder calcific tendonitis, this is not a peripheral joint and is not amenable to topical products. The request IS NOT medically necessary.