

Case Number:	CM14-0216559		
Date Assigned:	01/06/2015	Date of Injury:	08/30/2010
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 is a 41 year old male who suffered a work related injury on 08/30/2010. He slipped and fell in a freezer injuring his right shoulder and elbow. Diagnoses include frozen shoulder on the right, status post manipulation and lysis of adhesion, with some gradual improvement but he still has limited motion, epicondylitis medially with multiple injection exquisite in nature, status post release on 08/21/2014, ulnar neuritis with negative nerve studies presently stable, and chronic pain syndrome. Treatment has included medications, physical therapy and injections. He presently is not working. A progress note dated 11/05/2014 documents he has full extension to 180 degrees, on flexion he has about 125 degrees. He has tenderness along the incision which is well healed. There is no sign of erythema, swelling or infection. His right shoulder has tenderness on the rotator cuff, mild tenderness on bicipital tendon. He has negative impingement and Hawking's sign. He has good abduction of the shoulder. He has occasional sharp pain in the right shoulder and some stiffness. The request is for Flexeril 7.5mg, # 60, and Ultracet 37.5/325mg, # 60. On 12/8/2014 Utilization Review non-certified the request for Flexeril 7.5mg, # 60 citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM). MTUS recommends muscle relaxers as a second line treatment option for acute exacerbations of chronic back pain. Specifically, the use of Flexeril is limited to three weeks use. Utilization Review dated 12/08/2014 non-certifies the request for Ultracet 37.5/325mg, # 60 citing Official Disability Guidelines. ODG state Ultracet is indicated for short term use of not more than five days for treating acute pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Flexeril 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. There was no mention of spasms on exam. And the MTUS states it is not any more effective than NSAIDs. Therefore, continued use is considered not medically necessary.

Prescription of Ultracet 37.5/325mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (acute and chronic) Tramadol/Acetaminophen (Ultracet)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Ultracet is not medically necessary. The chart does not provide any documentation of improvement in pain and function with the use of Ultracet. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented improvement in pain or evidence of objective functional gains with the use of this opioid, the long-term efficacy is limited, and there is high abuse potential, the risks of Ultracet outweigh the benefits. The request is considered not medically necessary.