

<b>Case Number:</b>	CM15-0019633		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 male, who sustained an industrial injury on 07/09/2012. He has reported neck, right shoulder, and bilateral knee pain. The diagnoses have included cervical radiculitis; right shoulder tendinosis and impingement syndrome; thoracic strain, lumbar strain, and bilateral knee chondromalacia with chondral loose bodies. Treatments have included medication, steroid injection, knee bracing, TENS unit, acupuncture, physical therapy, and surgical intervention. Medications have included Norco, Prilosec, and Flexeril. Surgical intervention has included an anterior cervical discectomy and fusion at C6-7, performed on 05/23/13. Currently, the IW complains of ongoing right shoulder pain; neck pain and cervical radicular pain; and right and left shoulder pain and swelling. A progress note from the treating physician, dated 12/15/2014, reported objective findings to include cervical spine with 30% loss of cervical motion; positive air compression test reproduces right trapezius interscapular pain and right upper arm pain; atrophy about the right shoulder girdle with decreased range of motion; and right and left knee tenderness about the medial and lateral patellar facets, and medial joint line. Request is being made for an orthopedic consultation for the cervical, thoracic, and lumbar spine; and for a prescription of Flexeril. On 01/20/2015 Utilization Review noncertified a prescription for Consultation- Orthopedic Cervical, Thoracic and Lumbar spine; and a prescription for Flexeril 10 mg, QD quantity: 30, refill: 1. The CA MTUS ACOEM was cited. On 01/26/2015, the injured worker submitted an application for Consultation- Orthopedic Cervical, Thoracic and Lumbar spine; and for Flexeril 10 mg, QD quantity: 30, refill: 1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Consultation - Orthopedic Cervical, Thoracic and Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127.  
Decision based on Non-MTUS Citation Pain section, Office visits

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, the consultation orthopedic cervical, thoracic, and lumbar is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis, and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates; for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome; associated cervical radiculitis; and bilateral the chondromalacia with chondral loose bodies. Additional diagnoses according to a January 2, 2015 progress note are status post ACDF C6 - C7 May 23, 2013; C5 - C6 spinal stenosis per MRI; thoracic spine strain; lumbosacral spine strain; right shoulder tendinosis. There are multiple specialist physicians listed on page 41 of the medical record documentation does not state what physician is addressing what specific problem. The injured worker was under the care of [REDACTED] (an orthopedist). There is no clinical rationale addressing the specific physician consultant with the specific medical problem. According to a January 26, 2015 progress note, the treating physician will await authorization for previously recommended surgeries of the bilateral knees to consist of arthroscopic debridement and loose body removal. For the right shoulder, the injured worker will continue with self-directed rotator cuff and range of motion exercises. A consultation is designed to aid in the diagnosis, prognosis, and therapeutic management of a patient. The injured worker is already under the care of an orthopedic surgeon. There is no discussion or clinical rationale for a referral to a different orthopedic surgeon. Consequently, absent clinical documentation with a clinical rationale addressing specific physicians with specific orthopedic issues, consultation to the cervical, thoracic, and lumbar spine is not medically necessary.

### **Flexeril 10mg, QD quantity: 30, refill: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Office visits

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10mg one daily #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome; associated cervical radiculitis; and bilateral the chondromalacia with chondral loose bodies. The documentation indicates the injured worker was taking Flexeril, as far back is July 9, 2012. Muscle relaxants (Flexeril) is indicated for short-term (less than two weeks) treatment. There is no compelling clinical documentation to support long-term Flexeril use. Additionally, there is no evidence of objective functional improvement documented in the medical record. Consequently, absent clinical documentation with objective functional improvement in contravention of the recommended short-term (less than two weeks) guidelines, Flexeril 10 mg and one daily #30 is not medically necessary.