

Case Number:	CM15-0119885		
Date Assigned:	06/30/2015	Date of Injury:	02/16/2013
Decision Date:	07/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on February 16, 2013, incurring injuries to the upper back and right shoulder. She was diagnosed with a right rotator cuff tear, right shoulder impingement syndrome and cervical spine disc bulge with right sided radiculopathy. Treatment included physical therapy, anti-inflammatory drugs, pain medications, surgical right shoulder arthroscopy in November, 2014, home exercise program, and work restrictions. Currently, the injured worker complained of pain and spasms to the right side of her neck radiating into the right upper extremity down into her right hand. She reported she had significant pain and stiffness to her right shoulder, and decreased range of motion of the cervical spine and right shoulder. The treatment plan that was requested for authorization included retrospective prescriptions for Flexeril and Protonix for February 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 2/24/2015) Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in February 2013 and continues to be treated for radiating right neck pain and right shoulder pain and stiffness. Treatments have included right shoulder arthroscopic surgery with debridement and rotator cuff repair. When seen, medications included Calcium, Flexeril, Motrin, and Protonix. There was decreased cervical and shoulder range of motion with muscle spasms and acromioclavicular joint tenderness. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.

Retrospective (DOS: 2/24/2015) Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in February 2013 and continues to be treated for radiating right neck pain and right shoulder pain and stiffness. Treatments have included right shoulder arthroscopic surgery with debridement and rotator cuff repair. When seen, medications included Calcium, Flexeril, Motrin, and Protonix. There was decreased cervical and shoulder range of motion with muscle spasms and acromioclavicular joint tenderness. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. Motrin is being prescribed at a recommended dose. The prescribing of a proton pump inhibitor such as Protonix was not medically necessary.