

Case Number:	CM15-0126561		
Date Assigned:	07/13/2015	Date of Injury:	09/08/2014
Decision Date:	08/26/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/30/2015

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

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 57 year old female, who sustained an industrial injury on September 8, 2014. She reported back, rib cage area, right shoulder and right hand pain. The injured worker was diagnosed as having rib contusions. Treatment to date has included heat therapy, urine toxicology screen, medication, x-ray, physical therapy, exercise program, TENS unit and psychotherapy. Currently, the injured worker complains of neck, (upper, mid and lower) back, right shoulder and hand pain that radiates to her right arm and is frequent. The pain is described as sharp and burning with a pins and needles sensation. The pain is exacerbated by bending, reaching, exercising, coughing, straining, bowel movements, lying down, leaning forward and prolonged sitting and standing. She rates her pain at 4-10 on 10 with an average of 7 on 10. The pain is associated with tingling and weakness in her right hand. The injured worker is diagnosed with disorders of bursae and tendons in the shoulder region, lumbago, thoracic region strain and post-traumatic stress disorder. Her work status is temporary total disability. A note dated May 14, 2015 states the injured worker experiences relief from heat therapy. The note also states the injured worker is experiencing difficulty engaging in activities of daily living, household chores and socializing due to the pain. A note dated January 14, 2015 states the injured worker did not benefit from physical therapy, exercise program or the TENS unit. Due to the ongoing pain experienced by the injured worker the following, right shoulder MRI (to further evaluate the shoulder) and Flexeril 7.5 mg #60 (to decrease muscle tension and increase mobility) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

Decision rationale: Based on the 06/18/15 progress report provided by treating physician, the patient presents with neck pain that radiates to right shoulder and right hand, rated 7/10. The request is for MRI of the right shoulder qty: 1. Patient's diagnosis per Request for Authorization form dated 03/13/15 includes right shoulder bursitis, thoracic sprain and lumbago. Diagnosis per RFA dated 06/03/15 included Disorders of bursae and tendons in shoulder; Rotator cuff syndrome. Physical examination to the right shoulder on 06/18/15 revealed tenderness to palpation to posterior aspect, and decreased range of motion. Positive Hawkin's test. Patient's medications include Flexeril and Venlafaxine. The patient may work with restrictions, per 06/18/15 report. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging, Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs, Subacute shoulder pain, suspect instability/labral tear, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Treater has not provided medical rationale for the request. Treatment to date has included X-ray's, physical therapy, exercise program, TENS unit, psychotherapy and medications. ODG allows the use of MRI imaging to perform a global examination. The patient continues with pain, and there is no indication the patient had prior MRI of the right shoulder. Given the patient's symptoms, physical examination findings and diagnosis, this request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Flexeril 7.5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 06/18/15 progress report provided by treating physician, the patient presents with neck pain that radiates to right shoulder and right hand, rated 7/10. The request is for Flexeril 7.5 MG #60. Patient's diagnosis per Request for Authorization form dated 03/13/15 includes right shoulder bursitis, thoracic sprain and lumbago. Diagnosis per RFA dated 06/03/15 included disorders of bursae and tendons in shoulder; Rotator cuff syndrome. Physical examination to the right shoulder on 06/18/15 revealed tenderness to palpation to posterior aspect, and decreased range of motion. Positive Hawkin's test. Patient's medications include Flexeril and Venlafaxine. The patient may work with restrictions, per 06/18/15 report. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The request is not medically necessary. Flexeril (Cyclobenzaprine) has been included in patient's medications, per progress reports dated 01/14/15, 04/09/15, and 06/18/15. It is not known when this medication was initiated. MTUS recommends Cyclobenzaprine, only for a short period (no more than 2-3 weeks). The patient has been prescribed Flexeril at least since 01/14/15, which is more than 5 months from UR date of 06/10/15. This request is not in accordance with guideline recommendations. Therefore, the request is not medically necessary.