

Case Number:	CM15-0127583		
Date Assigned:	07/14/2015	Date of Injury:	08/29/2012
Decision Date:	08/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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:

This 42 year old female sustained an industrial injury on 8/29/12. She subsequently reported neck and shoulder pain. Diagnoses include cervical disc displacement with stenosis, chronic cervicgia and right shoulder impingement. Treatments to date include x-ray and MRI testing, a sling, injections, physical therapy and prescription pain medications. The injured worker continues to experience neck and bilateral shoulder pain. Upon examination, cervical range of motion was reduced. There was tenderness over the upper and mid cervical spine. Hoffman's was positive bilaterally. Right shoulder impingement sign was positive. A request for Physical Therapy, 2 times weekly For 3 Weeks for the cervical spine, Fexmid and Tylenol was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times weekly For 3 Weeks for the cervical spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in August 2012 and continues to be treated for neck and shoulder pain. Medications are referenced as decreasing pain from 9/10 to 5/10. When seen, there was cervical spine tenderness with decreased range of motion. There was decreased upper extremity strength. There was decreased right shoulder range of motion with positive impingement testing and rotator cuff weakness. She had physical therapy in 2012. Tylenol #3 and Flexeril were prescribed. The total MED (morphine equivalent dose) was less than 10 mg per day. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and what might be anticipated in terms of determining whether continued therapy was indicated. The request was medically necessary.

Tylenol No.3 #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in August 2012 and continues to be treated for neck and shoulder pain. Medications are referenced as decreasing pain from 9/10 to 5/10. When seen, there was cervical spine tenderness with decreased range of motion. There was decreased upper extremity strength. There was decreased right shoulder range of motion with positive impingement testing and rotator cuff weakness. She had physical therapy in 2012. Tylenol #3 and Flexeril were prescribed. The total MED (morphine equivalent dose) was less than 10 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is well below 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Fexmid 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in August 2012 and continues to be treated for neck and shoulder pain. Medications are referenced as decreasing pain from 9/10 to 5/10. When seen, there was cervical spine tenderness with decreased range of motion,. There was decreased upper extremity strength. There was decreased right shoulder range of motion with positive impingement testing and rotator cuff weakness. She had physical therapy in 2012. Tylenol #3 and Flexeril were prescribed. The total MED (morphine equivalent dose) was less than 10 mg per day. Fexmid (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 more than 3 weeks of use and there was no acute exacerbation of symptoms or findings of muscle spasms. The request for Fexmid was not medically necessary.