

Case Number:	CM15-0170216		
Date Assigned:	09/10/2015	Date of Injury:	03/22/2011
Decision Date:	10/15/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/28/2015

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, Hawaii

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 was a 62-year-old female, who sustained an industrial injury, March 22, 2011. According to progress note of July 6, 2015, the injured worker's chief complaint was left and right shoulder pain. The left shoulder had constant aching and soreness rated at 8 out of 10. There was limited range of motion and popping. There was numbness into the left hand. The right shoulder pain was less at this visit with aching and popping and the pain was rated 6 out of 10. The physical exam noted tenderness over the AC joint on the left. The injured worker required continuative palliative medications to provide temporary relief from the physical symptoms from the injury. The injured worker was using Limbrel and Cyclobenzaprine according to the progress note, on March 9, 2015 and the pain levels were 8 out of 10 to the right shoulder and 6 out of 10 on the left. The injured worker was diagnosed with partial tear of the rotator cuff right and left shoulders, acromioclavicular joint hypertrophy of both shoulders, capsulitis of the left shoulder and status post left shoulder with partial resection of the glenoid labrum and manipulation. The injured worker previously received the following treatments current medications were Hydrocodone, Limbrel 500mg two times daily and Cyclobenzaprine 10mg at hour before hour of sleep and Omeprazole as needed, TENS (transcutaneous electrical nerve stimulator) unit. The RFA (request for authorization) dated July 6, 2015; the following treatments were requested prescriptions for Limbrel 500mg #60 with 5 refills and Cyclobenzaprine 10mg #30 with 5 refills. The UR (utilization review board) denied certification on August 14, 2015, the request for Limbrel 500mg #60 was modified to determine the effectiveness, if any, of the drug. With documentation of functional improvement, the continued

use of Limbrel may be considered. The Cyclobenzaprine was denied, due to this medication was not recommended to use over 2-3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Limbrel 500mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Pain, Limbrel.

Decision rationale: The patient presents with pain affecting the bilateral shoulders with radiation into the bilateral upper extremities. The current request is for Limbrel 500mg #60 with 5 refills. The requesting treating physician report dated 9/14/15 (11B) provides no rationale for the current request. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding Limbrel: "Not recommended based on additional evidence of adverse effects. It had been under study as an option for arthritis in patients at risk of adverse effects from NSAIDs. Limbrel is a botanical medical food, made from root and bark extracts from plants because it is not recommended as a first-line drug, but only after first-line drugs have been trialed and found to produce adverse effects or a history of adverse effects with use is obtained." In this case, Limbrel is not a first-line drug and there is no documentation of failure of any first-line drugs in the medical reports provided. Furthermore, the patient has been taking Limbrel since at least 3/9/15 (25B) and there is no documentation of this medication's efficacy in treating the patient's symptoms as required by the MTUS guidelines on page 60. Additionally, Limbrel is not recommended and the current request for five refills without documentation of functional improvement is excessive and is not supported. The current request is not medically necessary.

Cyclobenzaprine 10mg #30 for 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with pain affecting the bilateral shoulders with radiation into the bilateral upper extremities. The current request is for Cyclobenzaprine 10mg #30 for 5 refills. The treating physician report dated 9/14/15 (11B) provides no rationale for the current request. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term

treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been taking this medication since at least 3/9/15 (25B). In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. Furthermore, the current request for five refills is excessive and exceeds the recommended dosage for a 2-3 week period. The current request is not medically necessary.