

Case Number:	CM15-0172827		
Date Assigned:	09/14/2015	Date of Injury:	08/16/2002
Decision Date:	10/14/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/02/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 73-year-old male, who sustained an industrial injury on September 22, 2015. Medical records indicate that the injured worker is undergoing treatment for bilateral shoulder impingement syndrome (worse on the left) and status-post arthroscopies and decompression on both sides. The injured worker was not working and was noted to be retired. Current documentation dated August 18, 2015 notes that the injured worker reported bilateral shoulder pain, greater on the right. Examination of the bilateral shoulders revealed tenderness along the rotator cuff and biceps tendon bilaterally. Orthopedic special testing revealed positive impingement and Hawkin's signs bilaterally and a positive Speed's test on the right. The injured worker had full strength with internal rotation bilaterally, although discomfort more so on the right side. The injured worker was unable to do anything at shoulder level or above. The treating physician recommended right shoulder surgery. Treatment and evaluation to date has included medications, topical analgesics, a transcutaneous electrical nerve stimulation unit, MRI of the right shoulder, x-rays of the right shoulder, 10 physical therapy sessions and bilateral shoulder arthroscopies. The MRI of the right shoulder (7-20-2015) revealed a high-grade partial tear of the distal supraspinatus tendon, tearing of the superior labrum and degenerative spurring of the glenohumeral and acromioclavicular joints. Current medications include Ultracet 37.5-325 mg since at least March of 2014. A complete current medication list was not found in the medical records. Treatments tried and failed included a cortisone injection in which the injured worker had a reaction to the injection. Current requested treatments include requests for Ultracet 37.5- 325 mg # 60 and Flexeril 7.5 mg # 60. The Utilization Review documentation dated

August 28, 2015 non-certified the request for Flexeril 7.5 mg # 60 and modified the request for Ultracet 37.5-325 mg # 60 to Ultracet 37.5-325 # # 40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: CA MTUS Chronic pain guidelines, opioids page 87 states that the ongoing use of opioids for pain can be used with ongoing evidence of pain relief and functional benefit demonstrated by increasing work abilities or decreasing need for pain medications. The office visit of 8/18/15 does not clearly document the improvement in pain symptoms due to the medication or functional benefit as defined by the criteria. Based on the above the request is not medically necessary.

Flexeril 7.5mg, #60: 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): Cyclobenzaprine (Flexeril).

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended." In this particular case, the patient has no evidence in the records of 8/18/15 of functional improvement, a quantitative assessment on how this medication helps percentage of relief lasts, increase in function, or increase in activity. Therefore, chronic usage is not supported by the guidelines. Therefore is not medically necessary and non-certified.