

<b>Case Number:</b>	CM15-0173242		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 35 year old female, who sustained an industrial injury on 2-22-12. The injured worker is undergoing treatment for right shoulder rotator cuff tendinitis, status post right first dorsal compartment tenosynovectomy and De Quervain's release (2-2-15) and cervical pain with upper extremity symptoms. Medical records dated 7-6-15 indicate the injured worker complains of neck pain rated 6 out of 10, right shoulder pain rated 8 out of 10, right wrist-hand pain rated 5 out of 10 and left wrist-hand pain rated 3 out of 10. The pain is unchanged from 6-1-15 but increased from 5-4-15. Exam dated 7-6-15 indicates the injured worker "recalls failed physical therapy, subacromial space injection, home exercise program (HEP), bracing and non-steroidal anti-inflammatory drug (NSAID) therapy." Physical exam notes right shoulder swelling, tenderness to palpation, decreased range of motion (ROM) and atrophy of the right deltoid musculature. There is cervical tenderness to palpation, decreased range of motion (ROM) and decreased sensation. The original utilization review dated 7-31-15 indicates the request for retrospective request (DOS 7-6-15) for naproxen sodium 550mg #90, retrospective request (DOS 7-6-15) for pantoprazole 20mg #90, and retrospective request (DOS 7-6-15) for Duloxetine 30mg #60 is certified and retrospective request (DOS 7-6-15) for cyclobenzaprine 7.5mg #90 and shockwave therapy right shoulder X3 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cyclobenzaprine 7.5mg TID #90 (DOS 07/06/15): 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 MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Cyclobenzaprine along with NSAIDS for over 9 months. Continued use of Cyclobenzaprine is not medically necessary.

**Shockwave therapy, right shoulder, 3 sessions: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter and pg 15.

**Decision rationale:** According to the guidelines, Shockwave may be used in shoulders for patients with calcifying tendinitis of the shoulder with inhomogenous deposits. Quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery. ESWT may be given priority because of its non-invasiveness. In this case, the claimant does have calcifying teondonitis as noted by the physician on 8/3/15. The patient wants to avoid surgery. The claimant has failed therapy, home exercises and medications. Therefore, the request for Shockwave therapy, right shoulder, 3 sessions is medically necessary.