

Case Number:	CM15-0175483		
Date Assigned:	09/16/2015	Date of Injury:	05/08/2013
Decision Date:	10/19/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/05/2015

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: Emergency Medicine

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 45 year old female who sustained an industrial injury on 05-08-2013. She reported injury to her bilateral shoulders and right wrist. Treatment to date has included medications, chiropractic care, corticosteroid injection and physical therapy. MRI of the right shoulder performed on 04-24-2015 showed hydroxyl appetite deposition disease or so-called calcific tendinitis of the distal supraspinatus tendon with minor bursal sided tendinopathy and overlying bursitis. No tear was seen of the rotator cuff or biceps labral complex. AC joint arthritis was noted. According to a progress report dated 08-12-2015 the injured worker was seen for bilateral shoulder pain. Pain was described as aching, shooting and stabbing. The injured worker reported a 30% decrease in pain with anti-inflammatory medications and a 30% decrease in pain and spasm with muscle relaxant. Diagnoses included unspecified episodic mood disorder, disorder of bursae and tendons in shoulder region unspecified, myalgia and myositis unspecified and other chronic pain. The treatment plan included Cyclobenzaprine and Naproxen. Arthroscopic surgery for the shoulder was scheduled for August 20. Work status included modified duty. An authorization request dated 08-14-2015 was submitted for review. The requested services included Naproxen 500 mg #60 with 2 refills and Cyclobenzaprine 5 mg #30 with 2 refills. On 08-26-2015, Utilization Review non-certified the request for Naproxen 500 mg twice daily as needed #60 with 2 refills prescribed 8-12-15 and Cyclobenzaprine 5 mg daily as needed #30 with 2 refills prescribed 8-12-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg twice daily as needed #60 with 2 refills (prescribed 8-12-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The requested Naproxen 500mg twice daily as needed #60 with 2 refills (prescribed 8-12-15), is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker bilateral shoulder pain. Pain was described as aching, shooting and stabbing. The injured worker reported a 30% decrease in pain with anti-inflammatory medications and a 30% decrease in pain and spasm with muscle relaxant. Diagnoses included unspecified episodic mood disorder, disorder of bursae and tendons in shoulder region unspecified, myalgia and myositis unspecified and other chronic pain. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 500mg twice daily as needed #60 with 2 refills (prescribed 8-12-15) is not medically necessary.

Cyclobenzaprine 5mg daily as needed #30 with 2 refills (prescribed 8-12-15): Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG: Pain (online version).

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

Decision rationale: The requested Cyclobenzaprine 5mg daily as needed #30 with 2 refills (prescribed 8-12-15) is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker bilateral shoulder pain. Pain was described as aching, shooting and stabbing. The injured worker reported a 30% decrease in pain with anti-inflammatory medications and a 30% decrease in pain and spasm with muscle relaxant. Diagnoses included unspecified episodic mood disorder, disorder of bursae and tendons in shoulder region unspecified, myalgia and myositis unspecified and other chronic pain. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, nor objective

evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 5mg daily as needed #30 with 2 refills (prescribed 8-12-15) is not medically necessary.