

<b>Case Number:</b>	CM15-0042364		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 11, 2012. In a Utilization Review report dated February 24, 2015, the claims administrator approved requests for Norco, tramadol, Naprosyn, and Protonix while denying request for cyclobenzaprine and eight sessions of physical therapy. A February 16, 2015 RFA forms and associated January 16, 2015 progress note were referenced in the determination. The applicant's attorney subsequently appealed. On March 5, 2015, the applicant reported ongoing complaints of shoulder, neck, and upper extremity pain, highly variable, 3-8/10. The applicant was status post earlier left shoulder surgery in May 2013, it was acknowledged. Multiple medications were renewed, including tramadol, Norco, Naprosyn, Protonix, and Flexeril. The note was very difficult to follow and comprised largely of cited guidelines. Little-to-no discussion of medication efficacy transpired. The applicant was placed off work, on total temporary disability. In RFA form of March 10, 2015, acupuncture, Norco, tramadol, Naprosyn, Protonix, and Flexeril were sought. On February 27, 2015, the applicant again received multiple medication refills. The applicant was described as status post earlier manipulation under anesthesia procedure for adhesive capsulitis in August 2014, it was reported. On February 6, 2015, the applicant again reported residual complaints of shoulder pain status post earlier left shoulder surgery in May 2013. An additional eight sessions of physical therapy, TENS unit, acupuncture, and multiple medications were renewed. The applicant was placed off work, on total temporary disability. On October 17, 2014, the attending provider

reported that the applicant had undergone earlier arthroscopic lysis of adhesions and debridement of the rotator cuff on August 4, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cyclobenzaprine 7.5mg #90 (already Dispensed): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) non-sedating muscle relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Naprosyn, tramadol, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It was further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

#### **Additional Physical Therapy for Left Shoulder 2 x 4 weeks, 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

**Decision rationale:** The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier manipulation under anesthesia surgery for adhesive capsulitis on August 4, 2014 as of the date of the request, February 6, 2015. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. However, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off work, on total temporary disability, as of the date of the request, February 6, 2015, some six months removed from the date of earlier shoulder surgery. The applicant remained dependent on a variety of analgesic and adjuvant medications, including Norco, tramadol, Flexeril, Naprosyn, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of extensive prior physical therapy. Therefore, the request for additional physical therapy was not medically necessary.