

Case Number:	CM15-0056264		
Date Assigned:	04/01/2015	Date of Injury:	05/13/1999
Decision Date:	05/04/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/24/2015

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: 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 is a 67 year old female, who sustained an industrial injury on May 13, 1999. The injured worker was diagnosed as having status post left shoulder impingement release and left shoulder glenohumeral osteoarthritis with acromioclavicular osteoarthritis. Treatment to date has included a steroid injection, transcutaneous electrical nerve stimulation (TENS) unit, and medications including oral pain, topical pain, and muscle relaxant. On January 6, 2015, the injured worker complains of returned left shoulder pain. The steroid injection that was given during the previous visit provided a few months relief of her pain. She uses her topical pain and muscle relaxant medications for acute exacerbations. The physical exam revealed tenderness over the anterolateral aspect of the shoulder, decreased forward flexion, pain with supraspinatus tendon against resistance testing, and globally intact strength. The treatment plan includes the administration of a steroid injection, refills of her topical pain and muscle relaxant medications for acute exacerbation, and a request for a short course of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (script dated 1/14/2015) Flexeril 10mg #30, 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-66.

Decision rationale: According to the 01/06/2015 report, this patient presents with left shoulder pain. The current request is for Retrospective (script dated 1/14/2015) Flexeril 10mg #30, 2 Refills. The request for authorization is on 01/14/2015. The patient's work status was not mentioned in the provided reports. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Flexeril #30 with 2 refills and this medication was first noted in the 07/10/2014 report. Flexeril is not recommended for long term use. The treater does not mention that this is for short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

Retrospective (script dated 1/14/2015) Flector Patches #60, 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 01/06/2015 report, this patient presents with left shoulder pain. The current request is for Retrospective (script dated 1/14/2015) Flector Patches #60, 2 Refills. The request for authorization is on 01/14/2015. The patient's work status was not mentioned in the provided reports. Flector Patches contain diclofenac, a nonsteroidal anti-inflammatory drug (NSAID). The MTUS guidelines do not support the usage of Flector (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with left shoulder pain for which topical NSAID is not indicated. The current request IS NOT medically necessary.