

Case Number:	CM15-0072903		
Date Assigned:	04/23/2015	Date of Injury:	06/25/2011
Decision Date:	05/22/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/16/2015

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 worker is 41 year old female who sustained an industrial injury on 6/25/11 involving a lifting incident resulting in right shoulder injury. She was treated with medications, physical therapy and steroid injections that helped for two months. MRI of the right shoulder showed no labrum or rotator cuff tear. An MR arthrogram was suggested but not done initially. It was later done (12/23/13) and showed a partial thickness rotator cuff tear and suggestion of prior dislocation. She currently complains of right shoulder pain. Medications are Ultracet, Anaprox, Prilosec, Flexaril, gabapentin, EnovaRX-Ibuprofen. Diagnoses include right shoulder sprain/strain; partial thickness rotator cuff tear; degenerative joint disease of acromioclavicular; impingement, status post right shoulder arthroscopy (11/3/14). Treatments to date include physical therapy, bursal steroid injection (3/26/14) with temporary relief and medications. In the progress note dated 1/20/15 the treating provider lists her medications as cyclobenzaprine, gabapentin and current medications listed above and adding Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 10mg #60 with 2 refills (DOS 01/20/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with significant residual pain following a right shoulder surgery on 11/03/14. The Request for Authorization is not provided in the medical file. The current request is for RETROSPECTIVE CYCLOBENZAPRINE 10MG #60 WITH 2 REFILLS (DOS 01/20/15). Treatments to date have included surgery, medications, physical therapy, and injections. The patient remains off work. The MTUS Guidelines page 63 66 states "muscle relaxants (for pain): Recommend nonsedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommend for a short course of therapy." This patient presents with chronic shoulder pain and more recently has developed lower back pain. Examination of the shoulder revealed decreased range of motion, positive Hawkin's sign on the right and cracking and popping sensation on rotation. Examination of the lumbar spine revealed mild spasm of the latissimus dorsi and positive straight leg raise. This patient has been prescribed Cyclobenzaprine since at least 06/10/14. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. Given that this medication has been prescribed for long term use, recommendation for further use cannot be supported. This request IS NOT medically necessary.

Retrospective Gabapentin 600mg #60 with 2 refills (DOS 01/20/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: This patient presents with significant residual pain following a right shoulder surgery on 11/03/14. The Request for Authorization is not provided in the medical file. The current request is for RETROSPECTIVE GABAPENTIN 600MG WITH 2 REFILLS (DOS 01/20/15). Treatments to date have included surgery, medications, physical therapy, and injections. The patient remains off work. MTUS has the following regarding Gabapentin on pages 18 and 19: "Gabapentin (Neurontin , Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." This patient presents with chronic shoulder pain and more recently has developed lower back pain as well. Examination of the shoulder revealed decreased range of motion, positive Hawkin's sign on the right and cracking and popping sensation on rotation. Examination of the lumbar spine revealed mild spasm of her latissimus dorisi and positive straight leg raise. This patient has been prescribed Gabapentin

since at least 06/10/14. Progress reports continually note that the patient has significant pain despite taking multiple medications. There is no discussion regarding decrease in pain or functional changes with taking medications. MTUS require documentation of at least 30% reduction of pain with initial trial for chronic use of this medication. The MTUS guidelines page 60 also states, "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request IS NOT medically necessary.