

<b>Case Number:</b>	CM15-0075678		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on October 11, 2013. He reported bilateral shoulder, low back and neck pain following a fall. The injured worker was diagnosed as having lumbar pain, lumbar strain, chronic pain syndrome, bilateral upper extremity pain and numbness, cervical pain, cervical strain, arthropathy, unspecified, shoulder region and left rotator cuff tear. Treatment to date has included diagnostic studies, physical therapy, H-Wave devise, chiropractic care, back brace, home exercises, medications and work restrictions. Currently, the injured worker complains of aching pain in the neck, shoulders, mid and low back with radiating pain in the bilateral upper extremities. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. He reported improvement with medications and the H-wave devise. He reported wearing the back brace frequently. Radiographic imaging of the cervical spine revealed mild to moderate degenerative changes with disc bulges and protrusions as well as foraminal narrowing. Radiographic imaging of the lumbar spine revealed disc protrusions and mild foraminal narrowing. Studies of the shoulder revealed atrophy and previous rotator cuff tear. Evaluation on February 3, 2015, revealed continued pain as noted. Evaluation on March 5, 2015, revealed continued pain as noted. Medications and radiographic imaging of the shoulder was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are acromioclavicular joint arthritis left; rotator cuff tear status post repair; impingement syndrome left shoulder; elbow pain left; chronic pain syndrome; myofascial pain; cervical spine pain; cervical strain; bilateral upper extremity pain; lumbar pain; lumbar strain; and numbness. The documentation shows the injured worker was taking Flexeril as for back as January 7, 2015. According to an April 7, 2015 progress note however, the injured worker was prescribed Flexeril for an acute flare of muscle spasm for different claim. There is no clinical indication or rationale for prescribing Flexeril 7.5mg #60. Additionally, Flexeril is indicated for short-term (less than two weeks). The treating provider prescribed Flexeril 7.5 mg for three months. This is clearly in excess of the recommended guidelines for short-term use. Consequently, absent compelling clinical documentation with a clinical indication and rationale in excess of the recommended guidelines for muscle relaxants, Flexeril 7.5 mg #60 is not medically necessary.

**MRI right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI right shoulder is not medically necessary. MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are acromioclavicular joint arthritis left; rotator cuff tear status post repair;

impingement syndrome left shoulder; elbow pain left; chronic pain syndrome; myofascial pain; cervical spine pain; cervical strain; bilateral upper extremity pain; lumbar pain; lumbar strain; and numbness. The injured worker had an MRI arthrogram left shoulder performed November 11, 2014. The MRI showed a complete tear of the supraspinatus tendon, marked atrophy supraspinatus muscle, evidence of prior rotator cuff tear and complex tear versus degenerative change of the glenoid labrum. The injured worker was authorized for surgical consultation of the left shoulder. The injured worker presented without bringing MRIs of the affected left shoulder. During the consultation the injured worker had bilateral shoulder pain. According to a March 5, 2015 progress note, subjectively the documentation indicates the injured worker had neck, mid back, low back and bilateral shoulder pain. During the physical examination (with the consultant) the injured worker was having increased bilateral shoulder pain. Objectively, physical examination showed no swelling, deformity or effusion. There was tenderness to palpation overlying the anterior shoulder with severe decreased range of motion in all directions. There was no plain radiograph of the right shoulder in the medical record. There was no evidence of prior physical therapy involving the right shoulder. There was no impression or indication of a rotator cuff tear, normal plain radiographs or suspected instability or labral tear documented in the medical record. Consequently, absent clinical documentation with objective findings indicating an MRI of the right shoulder is clinically indicated, prior physical therapy of the right shoulder and plain radiographs, MRI of the right shoulder is not medically necessary.