

Case Number:	CM15-0077444		
Date Assigned:	04/29/2015	Date of Injury:	01/18/2012
Decision Date:	05/28/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old male who sustained an industrial injury on 1/18/12 involving the left shoulder. The mechanism of injury is unclear. The injured worker has been released to work with tenderness on palpation of the left shoulder. He has decreased pain and increased range of motion with physical therapy. He has muscle spasms and stiffness. He is able to perform activities of daily living. Industrial medications are ibuprofen, Norco. Diagnoses include left shoulder rotator cuff tear, internal impingement, shoulder pain, status post arthroscopy left shoulder (7/17/14); bicipital tendinitis. Treatments to date include physical therapy with resulting decreased pain and increased range of motion; hot/ cold wrap; transcutaneous electrical nerve stimulator unit. Diagnostics include MRI of the left shoulder (2/28/12) abnormal. In the progress note dated 3/3/15 the treating provider's plan of care includes cyclobenzaprine for muscle spasms and Nalfon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs); Opioids Page(s): 63-64, 70, 77-78, 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 70-73.

Decision rationale: According to the MTUS, 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. (Van Tulder-Cochrane, 2000) Recommended with cautions below. Disease-State Warnings for all NSAIDs: All NSAIDs have[U.S. Boxed Warning]: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs should never be used right before or after a heart surgery (CABG - coronary artery bypass graft). NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). See NSAIDs, GI Symptoms and Cardiovascular Risks. Other disease-related concerns(non-boxed warnings): Hepatic: Use with caution in injured workers with moderate hepatic impairment and not recommended for injured workers with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of injured workers taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. According to the documents available for review, it appears that the injured worker is taking this medication for long-term therapy of a chronic condition. Given the increased risks associated with long-term use of this medication and no documented evidence that the lowest possible dose is being used for the shortest period of time, the requirements for treatment have not been met and the request is not medically necessary.

Cyclobenzaprine 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Opioids Page(s): 64-64, 70, 77-78, 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41-42.

Decision rationale: Accordingly to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great is the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use me lead to dependence. According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary.

