

Case Number:	CM15-0091012		
Date Assigned:	05/15/2015	Date of Injury:	06/01/2006
Decision Date:	06/23/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 63 year old female who sustained an industrial injury on 06/01/2006. The injured worker was diagnosed with left shoulder impingement syndrome, bilateral rotator cuff tendinopathies, left acromioclavicular joint arthropathy, osteoarthritis, pain related insomnia, morbid obesity and depression. The injured worker underwent right total knee replacement in 2010, right total shoulder arthroplasty in 2012 left shoulder surgery in February 2014 and gastric bypass in 2008. Treatment to date includes diagnostic testing, multiple surgical interventions, physical therapy for the knees and shoulder, pain management, psychotherapy, Cognitive Behavioral Therapy (CBT) and medications. According to the primary treating physician's progress report on April 8, 2015 the injured worker was re-evaluated and noted 50-60% reduction in pain with medications. The injured worker rates her pain level at 4/10 with medications and 8-9/10 without medications. Examination of the bilateral shoulder noted decreased abduction and forward flexion at 90 degrees. Current medications are listed as Norco, Duragesic Patch, Celebrex, Desipramine, Cymbalta, Flexeril, Wellbutrin, Restoril, Neurontin and Voltaren topical analgesics. Treatment plan consists of following with dietary restrictions, current medication regimen; maintain follow-up appointments and the current request for Flexeril and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #60: 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.

Decision rationale: Guidelines do not recommend long term use of muscle relaxants. In this case, there are no muscle spasms noted on exam and no documented functional improvement from prior use in this patient. The request for Flexeril 10 mg #60 is not medically appropriate or necessary.

Voltaren topical 1% gel #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

Decision rationale: Guidelines state that topical agents are largely experimental, but voltaren topical may be effective in treating arthritis pain in the hands, wrists, elbows, knees, ankles and feet. In this case the claimant has shoulder pain which is not approved for treatment with Voltaren gel. The request for voltaren topical 1% #5 is not medically appropriate or necessary.