MAXIMUS Federal Services

Case Number:	CM15-0097021		
Date Assigned:	05/27/2015	Date of Injury:	08/17/2006
Decision Date:	07/01/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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 was a 58-year-old female, who sustained an industrial injury, August 17, 2006. The injured worker previously received the following treatments 2 left shoulder surgeries, 3 right shoulder surgeries, Tramadol, hydrocodone, home exercise program and Cyclobenzaprine. The injured worker was diagnosed with right and left shoulder surgeries, rotator cuff tear with chronic impingement of the left shoulder and chronic right shoulder pain with recurrent impingement with rotator cuff pathology. According to progress note of March 25, 2015, the injured workers chief complaint was right shoulder pain. The injured worker desires to hold off on any additional interventional treatment at this time in was in favor of conservative care. The injured worker had a history of NSAID gastrointestinal upset without using PPI medications. The Cyclobenzaprine assisted with spasms was refractory to activity modification, stretching, heat, physical therapy and home exercise. Cyclobenzaprine decreases spasm for approximately 4-6 hours, facilitating marked improvement in range of motion, tolerance to exercise and additional decrease in the overall pain level average pain was 3-4 out of 10. The physical exam noted diffuse tenderness of the right shoulder with limited range of motion of the right and left shoulders in all planes. There was atrophy of the right deltoid musculature. There was positive impingement signs and Jobe test. There were spasms of the right deltoid musculature and cervical trapezius. The treatment plan included retroactive prescriptions for Naproxen and Cyclobenzaprine and gym membership for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication, medication for chronic pain Page(s): 22, 60-61.

Decision rationale: The patient presents with right shoulder pain. The patient has had 2 left shoulder surgeries and 3 right shoulder surgeries in the past. The physician is requesting Retro Naproxen 550MG #90. The RFA was not made available. The patient is currently permanent and stationary. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Medical records show that the patient was prescribed Naproxen prior to 10/31/2014. Per the 03/25/2015 report, medication at current dosing facilitates maintenance of ADL's (activities of daily living) with examples provided including light household duties, shopping for groceries, grooming and cooking. NSAIDs do facilitate improved range of motion and additional 2-3 point average on scale of 10 diminution of pain. Examination shows tenderness on the right shoulder. Range of motion is limited in both the right and left shoulders. Atrophy and spasm was noted on the right deltoid musculature. In this case, the physician has noted medication efficacy as it relates to the use of Naproxen and the continued use is appropriate. The request is medically necessary.

Retrospective Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 64.

Decision rationale: The patient presents with right shoulder pain. The patient has had 2 left shoulder surgeries and 3 right shoulder surgeries in the past. The physician is requesting Retro Cyclobenzaprine 7.5MG #90. The RFA was not made available. The patient is currently permanent and stationary. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants amitriptyline. This medication is not recommended to be used for longer than 2 to 3 weeks. The reports provided for review show the patient was prescribed this medication on 10/31/2014. The 03/25/2015 report notes Cyclobenzaprine decreases spasms for 4-6 hours facilitating marked improvement in range of motion, tolerance to exercise, and overall decrease of pain level average of 3-4 points on a scale of 10. The MTUS guidelines state that this medication is indicated for short-term treatment of acute exacerbations, and no evidence is provided of acute exacerbation of pain. Furthermore, the reports show that use has been for more than the 2-3 weeks recommended. The request is not medically necessary.

Gym membership 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic Chapter, Gym membership's.

Decision rationale: The patient presents with right shoulder pain. The patient has had 2 left shoulder surgeries and 3 right shoulder surgeries in the past. The physician is requesting Gym Membership 6 Months. The RFA was not made available. The patient is currently permanent and stationary. ODG guidelines Low Back Lumbar & Thoracic Chapter, Gym membership's topic, state they are, not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. ODG further states treatment must be monitored by medical professionals. The 03/25/2015 report states, Patient is familiar with exercises on which to focus and which to avoid remains relatively deconditioned. No access to gym or exercise equipment. There is no indication that the patient is unable to start a home-base exercise program. The physician does not explain why gym equipment provides the only alternative for the patient's needed exercise and does not explain how the patient is to be monitored by a medical professional as required by the ODG guidelines. The request is not medically necessary.