

Case Number:	CM13-0001070		
Date Assigned:	02/26/2014	Date of Injury:	05/21/1998
Decision Date:	07/22/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old who reported an injury on May 21, 1998. The mechanism of injury was not specifically stated. Current diagnoses include right shoulder impingement status post-surgical intervention, left wrist sprain status post excision, ulnar nerve injury status post repair, excision of the piriformis, ganglion along the IP joint of the thumb, and elements of sleep, depression and stress. The injured worker was evaluated on July 1, 2014 with complaints of right shoulder, left wrist, and left thumb pain. Previous conservative treatment includes medication management and TENS (transcutaneous electrical nerve stimulation) therapy. Current medications include Norco, Valium, Xanax, and Soma. Physical examination revealed a large cyst along the IP joint of the thumb with mild spurring, positive impingement testing in the right shoulder, and 150 degree abduction in the right shoulder. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF SOMA 350MG, #60: 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 Page(s): 63-66, 124.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as a non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than two to three weeks. The injured worker has utilized Soma 350 mg since January of 2013. There is no objective evidence of palpable muscle spasm or spasticity. There is also no frequency listed in the current frequency. The request for one prescription of Soma 350mg, sixty count, is not medically necessary or appropriate.

ONE (1) PRESCRIPTION OF NORCO 10/325MG, #60: 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 Page(s): 74-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since January of 2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. The request for one prescription of Norco 10/325mg, sixty count, is not medically necessary or appropriate.

ONE (1) PRESCRIPTION OF VALIUM 10MG, #60: 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 Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. The injured worker does not maintain a diagnosis of anxiety disorder. Guidelines do not recommend long term use of this medication. There is also no frequency listed in the current request. The request for one prescription of valium 10mg, sixty count, is not medically necessary or appropriate.

ONE (1) PRESCRIPTION OF PRILOSEC 20MG, # 60: 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 Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID (non-steroidal anti-inflammatory drug). There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. The request for one prescription of prilosec 20mg, sixty count, is not medically necessary or appropriate.

ONE (1) PRESCRIPTION OF DICLOFENAC 100MG, #30: 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 Page(s): 67-72.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDS are recommended as a second line option after acetaminophen. There is no indication that this injured worker is suffering from an acute exacerbation of chronic pain. The injured worker has utilized diclofenac 100 mg since January of 2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. The request for one prescription of diclofenac 100mg, thirty count, is not medically necessary or appropriate.

ONE (1) PRESCRIPTION OF DENDRACIN 120ML: 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 Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the current request. The request for one prescription of Dendracin 120ml is not medically necessary or appropriate.