

Case Number:	CM13-0020325		
Date Assigned:	01/15/2014	Date of Injury:	05/24/2002
Decision Date:	03/20/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 patient is a 51-year-old female with the date of injury of 05/24/2002. The listed diagnosis per [REDACTED] dated 08/02/2013 is shoulder pain. According to report, 08/02/2013 by [REDACTED], the patient presents with continued right shoulder pain. The patient rates her pain as a 7/10 on a scale of 1/10. Report notes that patient was recently seen in the ER for treatment of GI issues. Examination of the right shoulder shows movements are restricted with pain. Hawkins' test is noted as positive. On palpation, tenderness is noted in the subdeltoid bursa. Left shoulder movements were also noted as restricted with pain. Motor strength of elbow flexors is 5/5 on left, elbow extensors is 5/5 on left, shoulder abduction is 5/5 on right and 4/5 on left, shoulder external rotation is 4/5 on right, 4/5 on left. Shoulder internal rotation is 5/5 on right and 4/5 on left. MRI of the left shoulder dated 11/02/2011 showed minimal amount of signal in the subacromial-subdeltoid bursa, possible bursitis, small effusion noted, and prominent soft tissue structure in the region of the middle glenohumeral ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The patient presents with chronic right shoulder pain. The treater requests Soma. The MTUS Guidelines page 63 muscle relaxants states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence." The treater is asking for Soma 350 mg #90 for muscle spasm. Muscle relaxants are recommended for short-term use only and patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Lidoderm 55 patch 1-3 per day QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, and CRPS, medications, Page(s): 56-57, 37-38.

Decision rationale: The patient presents with chronic right shoulder pain. The treater request Lidoderm patches 5% 1 to 3 per day. Utilization review dated 08/22/2013 modified certification to 2 patches per day "as the doctor has stated in his last note that he would try to taper." The MTUS Guidelines, page 112, state, under lidocaine, indications are for "neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy," tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica. MTUS further states that topical Lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. MTUS indicates that Lidocaine patches are indicated for neuropathic pain only after trial of tricyclic antidepressants or AEDs. In this case, the patient does not present with neuropathic pain but a shoulder pain. Recommendation is for denial.

Aquatic Therapy 2 times a week for 6 weeks to the left shoulder QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy and Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy and Physical Medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with chronic right shoulder pain. The treater is requesting aqua therapy sessions 2 times a week for 6 weeks for the left shoulder. Utilization review dated 08/22/2013 modified certification to 6 sessions. MTUS page 22 recommends

aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing. For number of treatments, the MTUS page 98 and 99, under physical medicine section, states 9 to 10 sessions are indicated for various myalgia, myositis, and neuralgia type symptoms. The requested 12 sessions exceeds what is recommended by MTUS Guidelines. Therefore, recommendation is for denial.