

Case Number:	CM13-0028845		
Date Assigned:	11/01/2013	Date of Injury:	04/17/2009
Decision Date:	01/22/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/24/2013

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 59 year old female with an injury date of 4/17/09. The patient's diagnoses include bilateral carpal tunnel syndrome, cervical herniated nucleus pulposus, and left lateral epicondylitis per [REDACTED] report from 9/10/13. Presenting symptoms were noted to be increased pain and burning of neck and right upper extremities. Exam showed positive spurlings, decreased range of motion (ROM), painful ROM, trapezial spasms, and decreased sensation in the right shoulder. The patient was recently treated with acupuncture. The current requests for Voltaren, Soma and Lunesta were denied by the utilization review letter from 9/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Medications for Chronic Pain Page(s): 60.

Decision rationale: The patient had an arthroscopic repair of the shoulder rotator cuff tear in 2011 and Carpal tunnel release on 2009. Despite review of the treater's report dating back to 2012, the medical records provided for review do not mention how the patient is doing with Voltaren or when the medication was started. MTUS Chronic Pain Guidelines state "measures of lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity... A record of pain and function with the medication should be recorded." In this patient, there is not a single mention of the patient's function or pain as it relates to Voltaren use. The request for Voltaren is not medically necessary and appropriate.

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Carisoprodol Page(s): 29.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend Soma for long-term use. The medical records provided for review indicate that the patient is prescribed Soma on a long-term basis. The request for Soma is not medically necessary and appropriate.

Lunesta: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines (ODG) show that Lunesta is the only medication FDA approved for longer than 35 days of use. However, the ODG require that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this patient, there is no discussion of the etiology of insomnia, and there is no documentation that non-pharmacologic methods have been discussed. The request for Lunesta is not medically necessary and appropriate.