

Case Number:	CM13-0043736		
Date Assigned:	03/28/2014	Date of Injury:	09/06/2011
Decision Date:	05/23/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/24/2013

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 Occupational Medicine 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 patient is a 59 year old female who was injured on 09/06/2011 while the patient was lifting a heavy bundle of wet laundry and had a severe pain in the left wrist and forearm. Prior treatment history has included acupuncture, injections, brace, physical therapy and chiropractic sessions. Progress note dated 08/19/2013 documented the patient to have complaints of moderately severe pain that is constant in her left arm, shoulder and upper back. She does think the acupuncture and injections to her elbow have been the best treatments to date. Current medications are Soma 350 mg, Tylenol 350 mg and Diclofenac. Objective findings on exam included examination of the cervical spine revealing no limitation in range of motion. On examination paravertebral muscles, spasm and tenderness is noted on the left side. No spinal process tenderness is noted. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm. Examination of the left shoulder revealed no limitation is noted flexion, extension, adduction, active elevation, passive elevation, internal rotation or external rotation. Neer, Hawkins, Empty Cans and shoulder crossover tests are negative. On palpation tenderness is noted in the trapezius, tenderness is noted with marked tenderness in the rhomboids and trigger points palpable. Examination of the left elbow limitation is noted in flexion, extension, pronation and supination. Tenderness to palpation is noted over the lateral epicondyle. Tinel's sign is negative. Examination of the left wrist reveals swelling in the wrist joint. No limitation is noted in palmar flexion, dorsiflexion, ulnar deviation, radial deviation, pronation or supination. Tinel's and Phalen's are negative. Full upper limb strength except for APB on left which is mildly decreased. Sensory examination reveals normal touch, pain, temperature, deep pressure, vibration, tactile localization and discrimination. Upper and lower extremities responded normally to reflex examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma®) Page(s): 29, 65.

Decision rationale: As per CA MTUS guidelines, Soma (Carisoprodol) is antispasmodic agent to decrease muscle spasm. It is not indicated for long-term use. This patient has been taking this medication chronically and has exceeded the guidelines recommendation of 2 to 3 week period. Thus, the medical necessity has not been established.

TYLENOL 350MG REFILL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12.

Decision rationale: As per CA MTUS guidelines, Tylenol (acetaminophen) is recommended for treatment of chronic pain and acute exacerbation of current pain. Further guidelines indicate that in patients with moderate to severe disease, initial treatment with an NSAID may be warranted. Guidelines note that evidence is limited to make an initial recommendation with acetaminophen, and that NSAIDs may be more efficacious for treatment. In this case, this patient has moderate to severe left elbow/arm pain. This patient is also prescribed NSAID (diclofenac). The provider appears to be attempting to keep the patient off opioids. Tylenol is a reasonable, low cost and safe option. This warrants a deviation from the guideline above and is medically necessary.