

Case Number:	CM14-0103104		
Date Assigned:	09/24/2014	Date of Injury:	02/08/2012
Decision Date:	10/24/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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 51-year-old female with a reported injury on 02/06/2012. The mechanism of injury was a trip and fall. The injured worker's diagnoses included right shoulder subacromial impingement syndrome associated with rotator cuff tendonitis, right wrist sprain/strain without any other obvious associated abnormalities, complete rupture of the ulnar collateral ligament of the right thumb and a partial rupture of the radial collateral ligament, status post repair of the ulnar collateral ligament, and morbid exogenous obesity. The injured worker's previous treatments included medications, right wrist brace, cold packs and physical therapy. The injured worker's diagnostic testing included an MRI of the right shoulder on 02/27/2014 which showed mild tendinopathy of the supraspinatus tendon with no evidence of full thickness rotator cuff tears. The injured worker's surgical history included a repair of the right thumb ulnar collateral ligament on 06/2012. The injured worker was evaluated on 03/19/2014 for right thumb discomfort that sometimes radiated up the arm. The injured worker rated her pain as sometimes 8/10. The clinician observed and reported that the injured worker had really good range of motion of the right thumb with no ballotable effusion. She had a slight click in the joint but no persistent crepitus. There was good stability to valgus stress at the metacarpal phalangeal joint. There was no pain at the carpal metacarpal joint. Sensation and circulation were intact. The injured worker's medications included Norco 10/325 mg every 4 to 6 hours as needed for pain, acetaminophen 300 mg/codeine 30 mg 1 every 6 hours as needed, Naprosyn 500 mg 1 twice a day, and Soma 350 mg 3 times a day and at bedtime. The requests were for Soma 350 mg #30 and Naprosyn 500 mg #60. No rationale for these requests were provided. The Request For Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #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 Guidelines Carisoprodol (Soma), Page(s): page(s) 29..

Decision rationale: The request for Soma is not medically necessary. The injured worker did complain of discomfort in her thumb. The California MTUS Chronic Pain Guidelines do not recommend Soma or carisoprodol. This medication is not indicated for long term use. The injured worker had been taking Soma since at least 12/30/2013. Additionally, the request did not include a frequency of dosing. Therefore, the request for Soma 350 mg #30 is not medically necessary.

Naprosyn 500mg #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 Guidelines NSAIDs, specific drug list & adverse effects, page(s) 70-73. Page(s): Guidelines NSAI.

Decision rationale: The request for Naprosyn 500 mg #60 is not medically necessary. The injured worker did complain of discomfort in her thumb. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose possible for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The provided documentation did not indicate a level of intensity of the patient's pain with and without medication. The injured worker was taking ibuprofen 800 mg as early as 02/08/2012 and naproxen or Naprosyn as early as 12/30/2013. Additionally, the request did not include a frequency of dosing. Therefore, the request for Naprosyn 500 mg #60 is not medically necessary.