

Case Number:	CM14-0122431		
Date Assigned:	08/06/2014	Date of Injury:	12/20/2013
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/04/2014

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 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 injured worker has a date of injury of 12/20/2013. The medical document associated with the request for authorization includes a primary treating physician's progress report, dated 07/01/2014, lists subjective complaints as back pain, left hip pain, and left shoulder pain. Objective findings include examination of the left shoulder revealed decreased range of motion in flexion. Impingement test was positive and anterior shoulder was tender to palpation. Examination of the lumbar spine revealed tenderness to palpation and spasm of the paravertebral muscles and restricted range of motion. Straight leg test was positive on the left. Examination of the knees, bilaterally, revealed medial collateral ligaments were tender to palpation. Greater trochanter was tender to palpation and range of motion of the hip was slightly reduced with abduction and adduction. Diagnosis include pain in limb, internal derangement of knee, lumbar radiculopathy, enthesopathy of hip, derangement of joint of shoulder, and bicipital tenosynovitis. The medical records supplied for review were insufficient in determining whether the patient had taken the following medications before the request for authorization. The request said that the prescriptions were being refilled, but the medications were not listed anywhere else in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.1% Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Therefore, this request is not medically necessary.

Carisoprodol 350mg quantity #60 with 2 refills: 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): 29.

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Therefore this request is not medically necessary.