

Case Number:	CM14-0126531		
Date Assigned:	09/05/2014	Date of Injury:	02/19/2009
Decision Date:	12/31/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/08/2014

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 North Carolina. 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 50-year-old female who reported an injury on 02/19/2009 due to an unspecified mechanism of injury. Her diagnoses include hypertension, gastroesophageal reflux disease, hyperlipidemia, and preoperative evaluation for a left shoulder surgery. Her past medical treatments included medications. On 06/09/2014, the injured worker presented for a preoperative consultation for left shoulder surgery. The physical examination revealed the neck had no jugular venous distention, hypertrophy of accessory neck muscles or adenopathy or thyromegaly. The extremities did not indicate evidence of cyanosis or edema. Her medications included nabumetone, anti-inflammatories, propranolol, Nexium, Neurontin, Soma, Klonopin, Celexa, temazepam, Norco and herbal over the counter medications. Frequencies and dosages were not provided. The treatment plan included ceasing the use of nabumetone, all anti-inflammatories, herbals, over the counter medications, and classification of Goldman Class 1 for the proposed surgery. Requests were received for carisoprodol 350 mg quantity 60 and lidocaine pad 5% quantity 60. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, qty 60: Upheld

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

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

Decision rationale: The request for carisoprodol 350mg, qty 60 is not medically necessary. According to the California MTUS Guidelines, carisoprodol is not recommended as this medication is not indicated for long term use. The injured worker is noted to have chronic bilateral shoulder pain. The documentation indicated the injured worker has been on carisoprodol for an unspecified amount of time. However, the guidelines state that the medications are not indicated for long term use and therefore is not recommended. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Lidocaine Pad 5%, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for lidocaine pad 5%, qty 60 is not medically necessary. According to the California MTUS Guidelines, topical analgesics may be recommended but however, are largely experimental in use with few randomized controlled trials to determine efficacy or safety. However, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Specifically, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapies to include: tricyclics, Serotonin-norepinephrine reuptake inhibitors (SNRI) antidepressants, or AEDs. The injured worker was noted to have been using the lidocaine patch for an unspecified amount of time. However, the documentation failed to provide evidence in regard to failed antidepressants or anticonvulsants along with tricyclics, SNRI antidepressants, or AEDs. In the absence of the required documentation indicating failed trials of antidepressants or anticonvulsants along with tricyclics, SNRI antidepressants, or AEDs, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.