

Case Number:	CM14-0173428		
Date Assigned:	10/24/2014	Date of Injury:	06/14/2001
Decision Date:	12/03/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/21/2014

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine (HPM), and is licensed to practice in Pennsylvania. 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 woman with an unreported age and with a date of injury of 06/14/2001. The submitted and reviewed documentation did not identify the mechanism of injury. A office visit note by [REDACTED] dated 02/11/2014 indicated the worker was experiencing lower back pain and pain involving the right shoulder and shoulder blade area. No additional clinical records were submitted for review. Documented examination was not provided. The submitted report concluded the worker was suffering from a prior global fusion at L4-5, chronic pain syndrome, pain in both groins, and myofascial pain involving the right shoulder and shoulder blade area. Treatment recommendations included continuing oral pain medication as needed, checking a MRI of the right shoulder, and follow up care in six months. A Utilization Review decision by [REDACTED] was rendered on 10/15/2014 recommending non-certification for Lidoderm (lidocaine patch) 5%, a Kenalog (triamcinolone) injection into the right shoulder, and six massage therapy sessions and recommending partial certification for a one month supply of Motrin (ibuprofen) 800mg, twenty tablets of Soma (carisoprodol) 350mg, and thirty tables of Ambien (zolpidem) 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Motrin (ibuprofen) is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted clinical record concluded the worker was suffering from a prior global fusion at L4-5, chronic pain syndrome, pain in both groins, and myofascial pain involving the right shoulder and shoulder blade area. While this documentation reported the worker's pain was improved with the use of the medication regimen, there was no assessment of the worker's functional improvement or individualized risk. In addition, the request was made for an indefinite supply of ibuprofen, which does not account for potential changes in the worker's overall health or treatment needs. Given these issues, the current request for for Motrin (ibuprofen) 800mg is not medically necessary.

Lidoderm patch 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical Analgesics Page(s): 56-57, 112.

Decision rationale: The MTUS Guidelines recommend topical lidocaine for the treatment of localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for chronic neuropathic pain due to a lack of benefit demonstrated by the literature. First line treatments include tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted clinical record concluded the worker was suffering from a prior global fusion at L4-5, chronic pain syndrome, pain in both groins, and myofascial pain involving the right shoulder and shoulder blade area. There was no documentation of failed first line treatment. There was no report of special circumstances supporting the use of topical lidocaine in this clinical setting. In addition, the request was made for an indefinite supply of lidocaine patches, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for Lidoderm (lidocaine patch) 5% is not medically necessary.

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, updated 09/29/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma) Page(s): 63-66; 29.

Decision rationale: Soma (carisoprodol) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted clinical record concluded the worker was suffering from a prior global fusion at L4-5, chronic pain syndrome, pain in both groins, and myofascial pain involving the right shoulder and shoulder blade area. There was no assessment detailing the worker's pain experience and no mention of painful muscle spasms. While this documentation reported the worker's pain was improved with the use of the medication regimen, there was no assessment of the worker's functional improvement or individualized risk. In addition, the request was made for an indefinite supply of ibuprofen, which does not account for potential changes in the worker's overall health or treatment needs. Given these issues, the current request for Soma (carisoprodol) 350mg is not medically necessary.

Ambien 10mg: 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), Treatment in Workers Compensation (TWC), Pain Procedure Summary, updated 05/15/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med.* Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 32.0. UpToDate. Accessed 11/23/2014. Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187>

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed,

consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed documentation did not include assessments of specific sleep components (such as sleep onset, maintenance, quality, or daytime sleepiness), benefits of zolpidem therapy, or its side effects. No sleep diary data was recorded or reviewed. There was no indication that non-pharmacologic interventions were recently suggested or tried. Further, there was no mention of discussions pertaining to the worker's sleep hygiene. In the absence of such evidence, the current request for Ambien (zolpidem) 10 mg is not medically necessary.

Kenalog injection, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Shoulder Procedure Summary, updated 08/27/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-225.

Decision rationale: The MTUS Guidelines support the use of steroid injection into the shoulder joint as an optional treatment for shoulder impingement syndrome. In this setting, the corticosteroid medication is injected into the subacromial bursa. The submitted clinical record concluded the worker was suffering from a prior global fusion at L4-5, chronic pain syndrome, pain in both groins, and myofascial pain involving the right shoulder and shoulder blade area. There was no mention of the worker having shoulder impingement syndrome, and no imaging reports were submitted to support that diagnosis. In the absence of such evidence, the current request for a Kenalog (triamcinolone) injection into the right shoulder is not medically necessary.

Massage therapy x 6: Upheld

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

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

Decision rationale: The MTUS Guidelines discuss massage therapy as an option along with other recommended treatments, such as exercise, and it should be limited to four to six visits. Massage is a passive intervention and treatment dependence should be avoided. The limited scientific studies available show contradictory results of benefit. The submitted clinical record indicated the worker was experiencing lower back pain and pain involving the right shoulder and shoulder blade area. There was no discussion indicating additional treatments other than several oral pain medicines that were taken as needed. There was no discussion supporting the use of massage therapy in this clinical setting. Further, the request is for the maximal number of

sessions, not accounting for changes in the worker's condition or treatment needs. For these reasons, the current request for six sessions of massage therapy is not medically necessary.