

Case Number:	CM14-0180605		
Date Assigned:	11/05/2014	Date of Injury:	08/29/2013
Decision Date:	12/10/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/30/2014

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 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 an injured worker with the diagnoses of bilateral shoulder impingement syndrome, cervical and lumbar sprain, and internal derangement of the knee. Date of injury was 8/29/13. Regarding the mechanism of injury, the patient tripped. MRI magnetic resonance imaging of the cervical spine dated 06/24/14 revealed posterior disc protrusions at the C3-C4 through C5-C6 levels which results in central canal stenosis and neural foraminal narrowing. Straightening of the normal cervical lordosis may be secondary to muscle spasm. Diagnoses included bilateral shoulder impingement syndrome, cervical and lumbar sprain, and internal derangement of the knee. Primary treating physician's progress report dated October 02, 2014 documented subjective complaints of shoulder pain and neck pain. She complains of bilateral knee pain worse on the left. Knees are denied body parts. She has an appointment with an orthopedic surgeon. She has not had treatment to the neck. Physical examination was documented. Cervical spine inspection demonstrated no signs of external trauma, ecchymosis, lacerations, abrasions or hematoma. There is spasm present in the paraspinal muscles. There is tenderness to palpation of the paraspinal muscles. Shoulder inspection demonstrated no swelling or warmth. There appears to be no deformities or asymmetry. There are no signs of external trauma, ecchymosis, lacerations, abrasions or hematoma. There is tenderness to pressure over the bilateral shoulders. Lumbar examination noted tenderness to palpation of the paraspinal muscles. Diagnoses were shoulder impingement bilateral, lumbar sprain strain, internal derangement of knee bilateral and cervical sprain. Treatment plan included chiropractic, Soma, Norco 5/325 mg, and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60 Refills: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle Relaxants Page(s): 29, 63-65.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. MTUS Chronic Pain Medical Treatment Guidelines (Page 63-66) address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Medical records document the diagnoses of bilateral shoulder impingement syndrome, cervical and lumbar sprain, and internal derangement of the knee. MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol (Soma) is not recommended. MTUS and ACOEM guidelines do not support the use of Carisoprodol (Soma). Therefore, the request for Carisoprodol 350mg #60 Refills: 2 is not medically necessary.

Hydrocodone (Norco 5/325mg) #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone/Acetaminophen Page(s): 74-96, 91-92.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document the diagnoses of bilateral shoulder impingement syndrome, cervical and lumbar sprain, and internal derangement of the knee. MRI magnetic resonance imaging of the cervical spine dated 06/24/14 revealed posterior disc

protrusions at the C3-C4 through C5-C6 levels which results in central canal stenosis and neural foraminal narrowing. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document objective evidence of pathology. MTUS guidelines and medical records support the request for Norco 5-325 mg #60. Therefore, the request for Hydrocodone (Norco 5/325mg) #60 is medically necessary.

Voltaren 1% Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113, 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records document the diagnoses of bilateral shoulder impingement syndrome, cervical and lumbar sprain, and internal derangement of the knee. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present laboratory test results, which are recommended for NSAID use per MTUS. Medical records do not present blood pressure results, which are recommended for NSAID use per MTUS. The use of the topical NSAID Voltaren is not supported by medical records and MTUS guidelines. Therefore, the request for Voltaren 1% Gel is not medically necessary.