

Case Number:	CM14-0052664		
Date Assigned:	07/07/2014	Date of Injury:	04/08/2009
Decision Date:	08/06/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 62-year-old female with a reported date of injury of 08/14/2011. The mechanism of injury was not provided. Examination on 02/03/2014, noted complaints of persistent neck and right shoulder pain, as well as right ankle pain. Her examination revealed that her cervical spine paravertebral muscles were tender to palpation, and that spasms were present; and that range of motion is restricted. It also showed on her right shoulder that the range of motion was also restricted on forward flexion and abduction, and she had a positive impingement sign bilaterally. On the right hand she had a positive Tinel's sign and Phalen's test, and she had decreased sensation and decreased grip in the right hand. On the right ankle, she had anterior talofibular tenderness to palpation. The list of medications was not provided. There was no evidence of prior conservative treatment such as physical therapy, home exercise program, or the use of NSAIDs, and the use of her medications and the efficacy. Diagnoses included cervical spine strain, myofascial cervicalgia, right shoulder impingement syndrome, right ankle internal derangement, left shoulder impingement syndrome, bilateral internal derangement of the knees, internal derangement of the right ankle, and carpal tunnel syndrome of the right hand. The plan of treatment is recommended for her to see a podiatrist and authorization to be evaluated by a psychiatrist. There was no mention in this particular note regarding the Soma or the refill of the Norco or a right ankle brace. The Request for Authorization was not provided, nor was the rationale. The Request for Authorization was only for the Norco 5/325 mg, and it was signed on 02/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60 2 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that the Soma is not recommended for long-term use. The guidelines state that the Soma has been suggested for the main effect due to generalized sedation and the treatment of anxiety. In this case, there is no evidence that this injured worker has any anxiety. Also, the direction in the request for the frequency is not provided. Therefore, the request for the Carisoprodol 350 mg #60, 2 refills is not medically necessary and appropriate.

Norco 5/325mg #60 x 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-80 Page(s): 74-80.

Decision rationale: The California MTUS Guidelines recommend for long-term therapy, a monitoring of opiates include the 4 domains, which are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. In this case, there is no documentation or evidence of the actual pain relief from the medications and the efficacy or the side effects, and there is no physical or psychosocial functioning deficit, and there is not a urinalysis provided. Furthermore, the request for the Norco 5/325 does not have directions of the frequency. Therefore, the request for the Norco 5/325 is not medically necessary and appropriate.

Right ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Bracing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

Decision rationale: There is no guideline in the California MTUS Guidelines to address this issue; although the ACOEM guidelines does recommend putting joints at rest in a brace or a splint should be for as short of a time as possible, and that gentle exercises in the initial phase for recovery is desirable. In this case, there is no prior conservative care regarding any medications

or physical therapy or home exercises regarding this issue provided. Furthermore, the right ankle brace does not specify how long it should be worn or for the duration that it should be worn also. Therefore, the request for the right ankle brace is not medically necessary and appropriate.