

Case Number:	CM14-0053150		
Date Assigned:	07/07/2014	Date of Injury:	08/26/2008
Decision Date:	12/31/2014	UR Denial Date:	03/31/2014
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 and Rehabilitation 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:

According to the records made available for review, the injured worker is a 61 year-old male with a date of injury of 08/26/2008. The result of the industrial injury was chronic pain at the neck, bilateral shoulders, and lower back region. Diagnoses include cervical, thoracic, and lumbar strain; bilateral shoulder strain/internal derangement; headaches; and bilateral knee pain. Psychological conditions including depression and anxiety are noted by the treating physician in a progress note dated 07/31/2014. Treatments have included medications, treatment with a psychiatrist, and surgery. Medications have included Naprosyn, Vicodin, Lunesta, Nexium, Soma, and Lidoderm patches. Surgical interventions have included a right shoulder rotator cuff repair, distal clavicle resection, and subacromial decompression on 07/08/2009. Work status is regarded as temporarily totally disabled on progress reports from the treating physician from 04/02/2014, 05/28/2014, 07/23/2014, and 09/17/2014. Diagnostic studies contained in the submitted documentation include a Computed Tomography (CT) of the brain, dated 04/22/2014, which showed no acute hemorrhage or infarct, and calcific carotid and vertebral artery atherosclerosis. A Magnetic Resonance Imaging (MRI) of the brain, dated 04/22/2014, was remarkable for inferior right maxillary sinus mucosal thickening with a rounded contour, and mild left ethmoid sinus mucosal thickening. The progress note from the treating physician, dated 04/02/2014, noted subjective reports of persistent pain as being unchanged. The injured worker reported continuing pain and discomfort, with pain medication as being vital. Objective findings included tenderness upon palpation of the neck, shoulder, upper arm, and bilateral knees. Also noted was cervical range of motion being 70% of normal in flexion, extension, and rotation; bilateral upper shoulder range of motion being 30% of normal, and lumbar range of motion being 80% of normal in flexion and extension. Recommended treatment at this time was to continue on current medications. On March 31, 2014, Utilization Review non-certified a prescription for

Lidoderm patch 5% per CM PI Request Qty: 30.00. The Lidoderm patch was non-certified based on the CA MTUS Chronic Pain Medical Treatment Guidelines: Opioids evidenced-based criteria. Utilization Review also non-certified a prescription for Soma 350 per CM PI Request Qty: 60.00, this based on the CA MTUS Chronic Pain Medical Treatment Guidelines: Carisoprodol (Soma) evidence-based criteria. The underlying date of injury in this case is 08/26/2008. The date of the utilization review under appeal is 04/31/2014. The patient's diagnoses include cervical, thoracic, and lumbar strain, bilateral shoulder strain, headaches, and bilateral knee pain. On 04/02/2014, the patient was seen in primary treating physician followup. The treating physician noted the patient had the diagnoses of a cervical, thoracic, and lumbar sprain as well as bilateral shoulder, headaches, and bilateral knee pain. The patient reported that his symptoms had remained unchanged, and he continued to have pain and discomfort. The treating physician noted that medications included Ambien, Naprosyn, Nexium, Vicodin, Lidoderm, and Soma. The treating physician opined that medications were vital given the patient's ongoing pain. It was the overall impression that the patient was doing okay and needed his medication to be continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% per CM PI Request Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, recommend Lidoderm for localized peripheral neuropathic pain. The medical records do not document such localized neuropathic pain. Overall the medical records and guidelines do not support an indication for this request. The request is not medically necessary.

Soma 350 per CM PI Request: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol/Soma Page(s): 43-44.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on carisoprodol/Soma, indicate that this medication is not indicated for chronic use. Overall the medical records do not provide a rationale or exception to this guideline. The request is not medically necessary.

