

Case Number:	CM14-0076678		
Date Assigned:	07/18/2014	Date of Injury:	03/01/1999
Decision Date:	08/25/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 42-year-old female who reported an injury on 03/01/1999 caused by an unspecified mechanism. The injured worker's treatment history included medications, injections, and a urine drug screen. The injured worker was evaluated on 06/23/2014, and it was documented that the injured worker continued to have dyesthesias in both hands and was taking Lyrica 50 mg at night. She complained of moderate shoulder pain with restricted range of motion difficulties with getting her hand above shoulder height and overhead activities. Physical examination revealed range of motion of her neck flexion was 30 degrees, extension was 35 degrees, right/ left lateral bending 35 degrees, and rotation was 70 degrees bilaterally. There was tenderness over the biceps tendon, rotator cuff, and subacromial region of her left shoulder. Range of motion when she abducts was 150, flexion to 155 degrees, internal rotation was 70 degrees, and external rotation was 65 degrees. Extension/adduction was 20 degrees. There was a mild positive impingement sign and Neer's test in her left shoulder. She had mildly positive Tinel's and Phalen's signs and carpal compression tests of both hands. There was focal tenderness along the PIP joint of her left index finger and some mild restricted range of motion of her left index finger, but the provider noted no locking or catching. Medications included Lyrica 75 mg ET, Etodolac 600 XR, and Soma 350 mg; however, the provider failed to indicate outcome measurements of medications for the injured worker. Diagnoses included left shoulder impingement syndrome with mild adhesive capsulitis, left long trigger finger release with excision of nodule, right elbow lateral epicondylitis, mild right first dorsal compartment De Quervain's syndrome, right thumb trigger finger, bilateral tenosynovitis of hands and wrists, and left carpal tunnel syndrome, status post carpal tunnel release. A request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac ER 600mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state NSAIDs (Non-steroidal anti-inflammatory drugs) are recommended for Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. The documents submitted failed to indicate injured worker pain relief after taking medication. In addition, the documents submitted failed to indicate outcome measurements of prior conservative care such as, physical therapy and pain medication management. The request lacked frequency and duration of medication. Given the above, the request for Etodolac ER 600 mg #30 with 3 refills is not medically necessary and appropriate.

Soma 350mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. The request lacked frequency and duration of medication. In addition, the guidelines do not recommend Soma to be used for long-term use. Given the above, the request for Soma 350 mg # 90 with 3 refills is not medically necessary and appropriate.

