MAXIMUS Federal Services

Case Number:	CM14-0163091		
Date Assigned:	10/08/2014	Date of Injury:	02/01/2007
Decision Date:	12/09/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 44 year old male, who sustained an industrial injury on 2-1-2007. The medical records indicate that the injured worker is undergoing treatment for status post right shoulder surgery, cervical sprain, lumbar sprain, insomnia, depression, rule out complex regional pain syndrome, and cervical disc protrusion. According to the progress report dated 9-3-2014, the injured worker presented with complaints of extreme aggravation of pain in the neck, lumbar spine, and right shoulder with radiation down into the right hand. On a subjective pain scale, he rates his average pain 7 out of 10. The physical examination of the cervical spine reveals stiffness, tightness, and trigger areas in the paravertebrals and trapezius, slight indentation of the subscapularis muscles on the right side, and restricted and painful range of motion. Examination of the right shoulder reveals tenderness over the subacromial space and acromioclavicular joint, restricted and painful range of motion, and weakness in the right upper extremity. Examination of the lumbosacral spine reveals tenderness over the L4-5, mostly on the right. The medications prescribed are Norco, Soma (since at least 2013), Glucosamine-Chondroitin (since at least 5-14- 2014), Ketoprofen cream (since at least 7-9-2014), and Amitriptyline. Treatments to date include medication management, home exercise program, TENS unit, and surgical intervention. Work status is described as permanent and stationary. The original utilization review (9-3-2014) partially approved a request for Soma 350mg #15 (original request was for #30). The request for Glucosamine-Chondroitin 1500-400mg #30 and Ketoprofen 10% cream was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long-term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. In this case, the exam note from 9/23/14 does not demonstrate prior dosages and response to Soma. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam notes provided. In addition, the guidelines do not recommend long-term use. Therefore, the determination is not medically necessary.

Glucosamine- Chondroitin 1500-400mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), page 50, states, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). A randomized, double blind placebo controlled trial, with 212 patients, found that patients on placebo had progressive joint-space narrowing, but there was no significant joint-space loss in patients on glucosamine sulphate. Another RCT with 202 patients concluded that long-term treatment with glucosamine sulfate retarded the progression of knee osteoarthritis, possibly determining disease modification." In this case, there is lack of evidence of knee osteoarthritis from the exam note of 9/23/14 demonstrating knee osteoarthritis. Therefore, the determination is not medically necessary.

Ketoprofen 10% cream 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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." According to CA MTUS guidelines regarding the use of topical NSAIDs "the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.