

Case Number:	CM14-0192550		
Date Assigned:	11/26/2014	Date of Injury:	12/05/2011
Decision Date:	12/21/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 32 year old female, who sustained an industrial injury on 12-5-2011. Medical records indicate the worker is undergoing treatment for cervical herniated nucleus pulposus, bilateral wrist sprain and bilateral upper extremity tendinitis. A recent progress report dated 9-22-2014, reported the injured worker complained of increased neck stiffness with rotation and radicular pain in the bilateral upper extremities. Physical examination revealed tenderness to palpation in the bilateral trapezius and rhomboids, bilateral upper extremity and wrist pain with range of motion and positive Spurling test. Treatment to date has included physical therapy and medication management. The physician is requesting Voltaren 75 mg, #60 for the management of symptoms related to cervical spine and left wrist injury (Unspecified day supply) and Soma 350 mg, #60 for the management of symptoms related to cervical spine and left wrist injury (Unspecified day supply). On 10-27-2014, the Utilization Review noncertified the request for Voltaren 75 mg, #60 for the management of symptoms related to cervical spine and left wrist injury (Unspecified day supply) and Soma 350 mg, #60 for the management of symptoms related to cervical spine and left wrist injury (Unspecified day supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75 mg, qty 60 for the management of symptoms related to cervical spine and left wrist injury (Unspecified day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological basis of Therapeutics, Physician's Desk Reference and ODG Workers Compensation drug formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The request is for Voltaren an NSAID indicated in the treatment of inflammatory conditions at the lowest dose for the shortest period of time. Long-term use of NSAIDs is associated with adverse GI and cardiovascular adverse events. Voltaren is not a first-line NSAID, however may be indicated when a first-line agent has failed. In this case, there is no evidence of failure of a first-line agent. Therefore, the request is not medically necessary or appropriate.

Soma 350 mg, qty 60 for the management of symptoms related to cervical spine and left wrist injury (Unspecified day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological basis of Therapeutics, Physician's Desk Reference and ODG Workers Compensation drug formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for Soma, a muscle relaxant used for acute muscle spasm on a short-term basis. Muscle relaxants are not recommended for use on a chronic or long-term basis. Muscle relaxants have their greatest effect in the first 3-4 days of use and should not be used over 2-3 weeks in total. Soma is not recommended for use in conjunction with opioids due to the high incidence of adverse effects. There is no additional benefit shown in use in combination with NSAIDs in pain and overall improvement. In addition, in this case there is no evidence of documented functional improvement with the use of Soma. Therefore, based on the above, the request for Soma is not medically necessary or appropriate.