

Case Number:	CM15-0004513		
Date Assigned:	01/15/2015	Date of Injury:	04/12/2002
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/08/2015

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
 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 56 year old female, who sustained an industrial injury on 4/12/2002. The diagnoses have included moderate degenerative disc disease C5-6, chronic cervicothoracic strain with radiculitis left upper extremity, right shoulder arthroscopic decompression with partial lateral claviclectomy, right shoulder possible partial thickness rotator cuff repair, right shoulder acromiale, right elbow lateral epicondylitis, chronic right wrist sprain with early carpal tunnel syndrome. Exam note 11/5/14 demonstrates IW complains of 9/10 neck pain and right shoulder pain. She reports 8/10 wrist pain. Refills of her medications were not approved last month which has caused her overall pain to increase. With the use of her pain medications she rates her pain as a 5/10. She also reports improved function with the medications. Objective findings include tenderness over the bilateral paracervical musculature and right trapezius musculature with moderate spasms noted. Range of motion is decreased. There is tenderness in the anterior aspect of the right shoulder and scapular border with decreased range of motion. On 12/17/2014, Utilization Review non-certified a request for Soma 350mg #60 and Naprosyn #60 and modified a request for Cymbalta 30mg #30, noting that the current clinical findings do not support the medical necessity of the treatment. There is no documented evidence of functional benefit or the need for continuation. The MTUS was cited. On 1/08/2015, the injured worker submitted an application for IMR for review of Soma 350mg #60, Cymbalta 30mg #30 and Naprosyn #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

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

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. In this case, the exam note from 11/5/14 does not demonstrate prior dosages and response to Soma. In addition, the guidelines do not recommend long term use. Therefore the determination is for non-certification.

Naprosyn 500mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of osteoarthritis from the exam note from 11/5/14. Therefore determination is non-certification.

Cymbalta 30mg #30 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors Page(s): 15.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Selective serotonin and norepinephrine reuptake inhibitors, page 15, states that Cymbalta is a antidepressant/selective serotonin and nor-epinephrine re-uptake inhibitor (SNRI). It is utilized in management of depression and pain associated chronic conditions. The patient has been on Cymbalta with reported functional improvement per the exam note of 11/5/14 and has a chronic cervical pain condition. Therefore determination is for certification.

