

Case Number:	CM15-0100509		
Date Assigned:	06/02/2015	Date of Injury:	04/18/2006
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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: Physical Medicine & Rehabilitation

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 60-year-old female, with a reported date of injury of 04/18/2006. The diagnoses include chronic cervical sprain/strain, lumbar sprain/strain; status post right shoulder surgery; and status post left shoulder surgery. Treatments to date have included electrodiagnostic studies on 05/23/2014 which showed evidence of chronic left L5 radiculopathy, chronic right L5 or L4 radiculopathy, and possible left sacroiliac radiculopathy; oral medications; topical pain medications; and TENS (transcutaneous electrical nerve stimulation) unit. The progress report dated 03/16/2015 indicates that the injured worker did not receive the prescribed medications and the over-the-counter topical medications. It was noted that Tylenol #3 helped her back pain by 90%. She took it the night prior and she felt better on the day of the visit. The objective findings include full active range of motion with low back pain moving in all directions, and negative sitting Milgram test. The treating physician requested Soma 350mg #10 with one refill for muscle spasm, Tylenol #3 #40 with one refill for severe pain, over-the-counter muscle rub cream #1 with five refills for muscle pain, and over-the-counter patches #1 with five refills for muscle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #10 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with lumbar sprain/strain, as per progress report dated 03/26/15. The request is for Soma 350mg # 10 with one refill. There is no RFA for this case, and the patient's date of injury is 04/18/06. The patient is status post right shoulder surgery and status post left shoulder surgery, as per progress report dated 03/26/15. Requested medications included Soma, Tylenol, Tylenol # 3, OTC Salonpas patch, and OTC BenGay cream. The patient has been diagnosed with chronic sprain/strain of cervical spine, and superimposed multilevel disc pathology, as per progress report dated 11/06/15. The patient is off work, as per progress report dated 03/26/15. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, a prescription for Soma is only noted in progress report dated 03/26/15. MTUS recommends the use of this medication only for a 2 to 3 week period. The treater does not specify if this is the first prescription of Soma or if the patient has used the medication before. The reports lack the documentation required to make a determination. Hence, the request is not medically necessary.

Tylenol #3, #40 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with lumbar sprain/strain, as per progress report dated 03/26/15. The request is for Tylenol # 3 qty: 40.00 with 1 refill. There is no RFA for this case, and the patient's date of injury is 04/18/06. The patient is status post right shoulder surgery and status post left shoulder surgery, as per progress report dated 03/26/15. Medications included Soma, Tylenol, Tylenol # 3, OTC Salonpas patch, and OTC BenGay cream. The patient has been diagnosed with chronic sprain/strain of cervical spine, and superimposed multilevel disc pathology, as per progress report dated 11/06/14. The patient is off work, as per progress report dated 03/26/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the prescription for Tylenol # 3 is only noted in progress report dated 03/26/15. The treater states that this medication helps the patient. However, the physician does not use a numerical scale to demonstrate a measurable reduction in pain nor does the treater provide examples that indicate improvement in function. No UDS or CURES reports are available for review. The treater does not discuss the side effects of Tylenol # 3 as well. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior. Hence, this request is not medically necessary.

Bengay or Dr. Sheffield's muscle rub cream #1 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with lumbar sprain/strain, as per progress report dated 03/26/15. The request is for otc Bengay cream. There is no RFA for this case, and the patient's date of injury is 04/18/06. The patient is status post right shoulder surgery and status post left shoulder surgery, as per progress report dated 03/26/15. Medications included Soma, Tylenol, Tylenol # 3, OTC Salonpas patch, and OTC BenGay cream. The patient has been diagnosed with chronic sprain/strain of cervical spine, and superimposed multilevel disc pathology, as per progress report dated 11/06/14. The patient is off work, as per progress report dated 03/26/15. Methoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the request for BenGay muscle rub cream, containing Menthol and Methyl Salicylate, is only noted in progress report dated 03/26/15. The treater does not explain why this topical formulation was chosen over other products. There is no discussion regarding the site of application and efficacy of the gel as well. Additionally, there is no diagnosis of peripheral joint arthritis for which this cream is indicated. Hence, the request is not medically necessary.

Over the counter Salonpas 1 box with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with lumbar sprain/strain, as per progress report dated 03/26/15. The request is for Salonpas otc patch. There is no RFA for this case, and the patient's date of injury is 04/18/06. The patient is status post right shoulder surgery and status post left shoulder surgery, as per progress report dated 03/26/15. Medications included Soma, Tylenol, Tylenol # 3, OTC Salonpas patch, and OTC BenGay cream. The patient has been diagnosed with chronic sprain/strain of cervical spine, and superimposed multilevel disc pathology, as per progress report dated 11/06/14. The patient is off work, as per progress report dated 03/26/15. Methoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the request for Salonpas muscle patch, containing Menthol, Camphor and Methyl Salicylate, is only noted in progress report dated 03/26/15. The treater does not explain why this topical patch was chosen over other

products. The treater does not discuss the site of application and efficacy of the patch as well. There is no discussion regarding the site of application and efficacy of the patch as well. Additionally, there is no diagnosis of peripheral joint arthritis for which this patch is indicated. Hence, the request is not medically necessary.