

Case Number:	CM15-0134091		
Date Assigned:	07/22/2015	Date of Injury:	07/22/2008
Decision Date:	08/18/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on July 22, 2008. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, MRI, injection, and physical therapy. Currently, the injured worker complains of neck pain resulting in difficulty with neck range of motion. The injured worker also reports right shoulder pain associated with numbness and tingling down her arm, resulting in difficulty lifting her arm above her head. She has right elbow discomfort described as a burning sensation. She reports symptoms of depression and anxiety. The injured worker is diagnosed with cervical spine strain, right shoulder tendinitis, right lateral epicondylitis elbow, constipation and acid reflux. Her work status is permanent and stationary. A note dated June 3, 2015 states there is cervical and thoracic spine tenderness as well as bilateral rotator cuff tenderness with trapezial muscle pain and bilateral wrist tenderness. A note dated February 13, 2015 states the injured worker experienced temporary pain relief and improved range of motion from physical therapy. It also notes the injured worker is experiencing mid back muscle spasms. Documentation regarding therapeutic efficacy from medication and the injection was not included. The medications, Voltaren gel 1% #300 (pain relief) and Carisoprodol 350 mg #30 (muscle spasms) is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% quantity 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury in July 2008 and is being treated for neck and right upper extremity pain. When seen, there was cervical and thoracic spine tenderness. She had bilateral rotator cuff tenderness and bilateral wrist tenderness. There was trapezius muscle pain. Medications being prescribed included Celebrex which had been prescribed since October 2014. Authorization for Voltaren gel and Soma was requested. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Celebrex is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.

Carisoprodol 350mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), p29.

Decision rationale: The claimant sustained a work injury in July 2008 and is being treated for neck and right upper extremity pain. When seen, there was cervical and thoracic spine tenderness. She had bilateral rotator cuff tenderness and bilateral wrist tenderness. There was trapezius muscle pain. Medications being prescribed included Celebrex which had been prescribed since October 2014. Authorization for Voltaren gel and Soma was requested. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.