

Case Number:	CM15-0211803		
Date Assigned:	10/30/2015	Date of Injury:	08/14/2014
Decision Date:	12/11/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/27/2015

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: Arizona, California

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 56 year old female who sustained an industrial injury on 8-14-14. A review of the medical records indicates she is undergoing treatment for cervical disc disorder and pain in limb. Medical records (7-16-15, 9-24-15) indicate complaints of neck pain that radiates to bilateral upper extremities. She has also complained of muscle spasms, numbness, tingling, and weakness (7-16-15). She reports that the "major pain is radiating pain into the shoulders and neck" (7-16-15). She reports the quality of her sleep is "poor". The physical exam (9-24-15) reveals muscle spasm and tenderness bilaterally of the cervical paravertebral muscles. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremity. Decreased sensation is noted at C6 bilaterally. Diagnostic studies have included and MRI of the cervical spine. Treatment has included physical therapy, massage therapy, heat therapy, chiropractic treatments, psychotherapy, a home exercise program, and medications. Her medications include Soma, Percocet, Gabapentin, Dextroamp-amphet ER, and Celexa. She was prescribed Soma on 7-16-15. She was noted to be receiving Tylenol with Codeine #4 on 7-16-15. Percocet is noted on 9-24-15. Voltaren gel was prescribed on 9-24-15. The utilization review (10-8-15) includes requests for authorization of Percocet 10-325mg #90, Voltaren 1% gel #1, and Soma 350mg #60. Percocet was modified to a quantity of 60. Voltaren gel and Soma were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: 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): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-Term use has not been supported by any trials. In this case, the claimant had been on Tylenol # 3 prior to Percocet. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. No one opioid is superior to another. The continued use of Percocet is not medically necessary.

Voltaren 1% gel: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are 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. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant did not have arthritis. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.

Soma 350mg #60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and

relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Percocet, which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.