

Case Number:	CM15-0215334		
Date Assigned:	11/05/2015	Date of Injury:	05/01/2008
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 39-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 1, 2008. In a Utilization Review report dated October 16, 2015, the claims administrator failed to approve requests for Soma and Voltaren gel. The claims administrator referenced an October 1, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 1, 2015 office visit, the applicant reported ongoing issues with chronic neck and low back pain. The applicant was given various diagnoses, including myofascial pain syndrome, disc osteophyte complexes, and low back pain with radicular symptoms. The applicant had undergone a total knee arthroplasty procedure, the treating provider further noted. The applicant received multiple epidural injections and unspecified amounts of chiropractic manipulative therapy over the course of the claim, the treating provider reported. The treating provider contended that the applicant's medications had diminished his pain scores from 8/10 without medications to 4/10 with medications. The treating provider suggested that the applicant had previously used Voltaren gel for the elbows in one section of the note, while writing in another section that he intended for the applicant to apply topical Voltaren gel to the elbow, hip, and low back. Soma and oxycodone were also renewed. The applicant's work status was not clearly reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

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

Decision rationale: No, the request for Soma was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, however, the applicant was, in fact, concurrently using oxycodone, i.e., an opioid agent. Continuous usage of Soma, thus, was at odds with both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which espoused a 2- to 3-week limit for carisoprodol usage. Therefore, the request was not medically necessary.

Voltaren gel 1% 240g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Voltaren Gel.

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

Decision rationale: Similarly, the request for topical Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment of the spine, hip, or shoulder. Here, the attending provider stated on October 1, 2015 that he in fact intended for the applicant to apply topical Voltaren to the hip and low back, i.e., body parts for which topical Voltaren had not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.