

Case Number:	CM15-0045314		
Date Assigned:	03/17/2015	Date of Injury:	01/05/2010
Decision Date:	04/23/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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: North Carolina, Georgia
 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 47 year old male, who sustained an industrial injury on 1/5/10. The injured worker has complaints of right shoulder with impingement and muscle spasms to back of neck and ear and right eye. The diagnoses have included cervical disk disease and right shoulder cuff tendinitis with sternoclavicular joint pain. The documentation noted that the injured worker was unable to tolerate physical therapy for 1.5 years and was approved for physical therapy and he missed the appointment. He had right shoulder surgery in 2011 that was very helpful, got rid of most of his pain. He was ordered a sling for right arm; acupuncture helped but was unable to lay down long; he has a Transcutaneous Electrical Nerve Stimulation (TENS) unit that has given him some relief and had laser but had bad side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elavil (Amitriptyline) Page(s): 13, 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 15-16.

Decision rationale: CA MTUS guidelines state that tricyclics are effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. They are considered a first line intervention for neuropathic pain. In this case, the tricyclic is prescribed for chronic pain with no evidence or documentation to suggest that the pain is neuropathic. It is not medically necessary.

Carisoprodol 350mg #20 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation. This is not medically necessary and the original UR decision is upheld.

Buspar 5mg #90 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain (Chronic), Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety Medications in Chronic Pain.

Decision rationale: CA MTUS does not address the use of BuSpar. ODG section on Pain, Anxiety Medications in Chronic Pain states that adequate treatment of anxiety is important in the management of chronic pain. BuSpar is indicated for short term management of generalized anxiety disorder. The original UR decision modified the request for Buspar 5 mg #90 with 6 refills to BuSpar 5 mg #90 to align with this indication for short term use. The request for BuSpar 5 mg #90 6 refills is not medically necessary and the original UR decision is upheld.