

Case Number:	CM15-0046825		
Date Assigned:	03/19/2015	Date of Injury:	05/30/1985
Decision Date:	04/24/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/12/2015

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 72 year old female, who sustained an industrial injury on 5/30/1985. The medical records did not include details of the initial injury or a complete list of prior treatments. The diagnoses have included right shoulder impingement syndrome, status post right shoulder arthroscopy and lumbar disc degeneration. Treatment to date has included medication therapy and massage with home exercise. Currently, the IW complains of recent flare of right shoulder pain with radiation into neck and head. The physical examination from 1/26/15 documented trigger point right trapezius. The plan of care included a Toradol injection to right trapezius, physical therapy for right shoulder, and medication changes including discontinuation of Soma and initiate Tizanidine 2mg; one to two tablets daily. There were x-rays taken on this date of the right shoulder significant for degenerative changes. On 2/10/15, the provider documented that the samples of Tizanidine caused side effects, details unknown. The plan of care included medication therapy, including returning to Soma as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Opioids Page(s): 29, 74.

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

Decision rationale: According to the 02/10/2015 hand written report, this patient presents with chronic low back and shoulder pain. The current request is Soma 350 mg Qty 30. The request for authorization and the patient's work status are not included in the file for review. For muscle relaxants for pain, the MTUS Guidelines page 63 state "recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is Soma #60 and this medication was first noted in the 01/26/2015 report. Soma is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

Lidoderm patches Qty 30: 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), Lidoderm (lidocaine patch).

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

Decision rationale: According to the 02/10/2015 hand written report, this patient presents with chronic low back and shoulder pain. The current request is Lidoderm patches Qty 30. The request for authorization and the patient's work status are not included in the file for review. The treating physician mentions "Lidodertn as meds do provide good relief without intolerable side effects" but does not indicate how it is used. Lidoderm patch was first mentioned in the 03/06/2014 report. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. The provided medical reports show the patient has shoulder neuropathic pain but this is not a localized condition and lumbar localized pain but not neuropathic pain. The treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed. Furthermore, Lidoderm patches are not recommended for axial back pain but peripheral, localized neuropathic pain. The current request is not medically necessary.