

Case Number:	CM15-0240497		
Date Assigned:	12/17/2015	Date of Injury:	07/24/2007
Decision Date:	01/21/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/09/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old female with a date of injury on 7-24-07. A review of the medical record indicates that the injured worker is undergoing treatment for multiple orthopedic complaints. Progress report dated 8-5-15 reports neck pain better since receiving injection on 6-17-15. She still has complaints of slight discomfort can't be in one position too long. She states on 6-23-15 a student pulled on her arm causing new injury. She had an MRI since and it is very painful with numbness and tingling if her arm is down too long. Her left shoulder has slight pain becoming worse with overuse. The pain goes down to her right elbow and pops. Her right wrist is better after receiving trigger point injection on 3-18-15. She continued with weakness in both. Objective findings: post op left elbow positive Tinel's sign, positive Tinel's sign over the right elbow, right and left hand decreased sensation over right ring long fingers with an 8 mm two point discrimination, left wrist good results with trigger injection pain has decreased, cervical spine tenderness with limited motion, bilateral shoulder tenderness left shoulder examined with trigger point of pain with palpable twitch response, twitch response right wrist. Treatments include: medication, trigger point injection to neck on 3-27-14 and 6-17-15, trigger point injections to right wrist on 3-18-15 and 6-11-14, trigger point injection left shoulder on 9-10-14. Request for authorization dated 11-3-15 was made for Tylenol #3 Qty 30 with 2 Refill, Soma 350 MG Qty 30 with 2 Refills and Naproxen Sodium 550 MG Qty 60 with 2 Refills. Utilization review dated 11-13-15 modified the request to certify Tylenol #3 Qty 30 with no Refills, Naproxen Sodium 550 MG Qty 30 with no Refills and non-certified Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 Qty 30 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Codeine, Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Tylenol with Codeine).

Decision rationale: MTUS and ODG state regarding codeine, "Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain." ODG further states regarding opioid usage, "Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED)." The available medical records do not indicate what first-line treatment was tried and failed. Additionally, medical records do not detail how this IW's pain and functional level with Tylenol with Codeine has improved. As such, the request for Tylenol #3 Qty 30 with 2 Refills is not medically necessary.

Soma 350 MG Qty 30 with 2 Refills: 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), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol).

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for Soma 350mg, #30 x2 is in excess of the guidelines and weaning should occur. As such, the request for Soma 350 mg Qty 30 with 2 Refills is not medically necessary.

Naproxen Sodium 550 MG Qty 60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA-MTUS recommends NSAIDs for osteoarthritis "at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." ODG states, "Recommended as an option. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis." The available medical record does not document a diagnosis of osteoarthritis. Further, there is no documentation provided of the duration of treatment with this medication or of objective findings related to pain control or improved function with the use of this medication. As such, the request for Naproxen Sodium 550 mg Qty 60 with 2 Refills is deemed not medically necessary.