

Case Number:	CM14-0143391		
Date Assigned:	09/10/2014	Date of Injury:	12/20/2013
Decision Date:	10/14/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male who reported an injury on 12/20/2013. The mechanism of injury was not provided. On 04/22/2014, the injured worker presented with left hip pain, left shoulder pain, and significant back pain. Upon examination, the left shoulder range of motion was decreased in flexion and there was a positive impingement test. There was tenderness to palpation over the anterior shoulder. The examination of the lumbar spine revealed tenderness to the paravertebral muscles with spasm and restricted range of motion. There was a positive left sided straight leg raise. The diagnoses were pain to the limb, internal derangement of the knee not otherwise specified, lumbar radiculopathy, enthesopathy of the hip, derangement of the joint, and bicipital tenosynovitis. Current medications included capsaicin and carisoprodol. The provider recommended Voltaren gel and carisoprodol; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg # 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63.

Decision rationale: The request for carisoprodol 350 mg with a quantity of 60 and 2 refills is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for the short treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy and appears to diminish over time. Prolonged use of some medications in this class may be lead to dependence. The provider's request for carisoprodol 350 mg with a quantity of 60 and 2 refills exceeds the guideline recommendations of short term therapy. Additionally, the efficacy of the prior use of this medication was not provided. The provider did not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.

Voltaren gel 1% gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The request for Voltaren gel 1% is not medically necessary. The California MTUS Guidelines state transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines note that topical NSAIDs are recommended for osteoarthritis and tendinitis for joints amenable to topical treatment. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants. There is little to no research to support the use of many of these agents. There was a lack of documentation that the injured worker had failed a trial of an antidepressant or anticonvulsant. Additionally, the provider's request did not indicate the site at which the medication was indicated for, the frequency, or the quantity in the request as submitted. As such, the medical necessity has not been established.