

Case Number:	CM14-0088958		
Date Assigned:	07/23/2014	Date of Injury:	04/04/2011
Decision Date:	09/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50 year-old female was reportedly injured on 4/4/11. The mechanism of injury is listed as a stack of files o fell off a shelf and one chart brushed her head and shoulder. The most recent progress note dated 4/7/2014, indicates that there are ongoing complaints of neck and shoulder pain. Physical examination demonstrated decreased cervical spine range of motion; tenderness to the right trapezius, levator and rhomboid muscles; right winged scapula; normal cervical compression and Spurling's tests; normal shoulder range of motion, but decreased 4/5 strength on the right; atrophy of the right deltoid and forearm; no shoulder tenderness; straight arm is positive on the right, but drop arm and impingement tests were normal; positive Tinel's and Phalen's on the right; decreased sensation right ulnar nerve distribution. Plain radiographs the cervical spine dated 4/7/2014 demonstrate degenerative spondylosis, slight retro subluxation of C3 on C4 and C4 on C5 and slight ventral subluxation of C7 on T1 without facet joint location. Diagnosis: bilateral cubital tunnel syndrome, right carpal tunnel syndrome, possible cervical radiculopathy, and pathology in the right shoulder girdle muscles. Previous treatment includes injections, splinting, physical therapy, acupuncture, traction and medications to include Soma, Ibuprofen and Hydrocodone. A request has been made for two prescriptions of Soma (Carisoprodol) 350 mg #60, Ibuprofen 800 mg #60 and Hydrocodone 5/325 mg #60, which were not certified in the utilization review on 5/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two prescriptions for soma (carisoprodol) 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 29 OF 127.

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. MTUS specifically recommends against the use of Soma due to its abuse potential. Based on the clinical documentation provided, the clinician fails to provide rationale for deviation from the chronic pain treatment guidelines. As such, this medication is not considered medically necessary.

Two prescriptions for ibuprofen 800 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22 OF 127.

Decision rationale: Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication which is traditional first-line of treatment of osteoarthritis. Plain radiographs obtained in April 2014 demonstrated degenerative spondylosis of the cervical spine. Given the claimants clinical presentation, this request is considered medically necessary.

Two prescriptions for hydrocodone 5/325 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 OF 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic neck and shoulder pain after a work-related injury in 2011; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Hydrocodone is not medically necessary.