

<b>Case Number:</b>	CM14-0099286		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/05/1996
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 53 year-old female was reportedly injured on 2/5/1996. The mechanism of injury is noted as a slip and fall. The most recent progress notes dated 3/11/2014 and 4/24/2014, indicate that there are ongoing complaints of neck, right shoulder, left knee and back pain. Physical examination demonstrated tenderness/spasm to cervical, thoracic (T2-T8), lumbar muscles, with 40-80% decreased AROM of cervical- lumbar spine; straight leg raise positive for back/right leg pain; positive right Spurling's; tenderness to volar right wrist with positive Phalen's on right; tenderness to right deltoid, acromioclavicular (AC) joint and bicipital tendon with a positive Impingement sign; right shoulder flexion 120 degrees, abduction 110 degrees; tenderness to left medial/lateral knee and patella with normal AROM; reflexes 2/4 except 1/4 right ankle; slow bent forward gait. MRI of the lumbar spine dated 4/11/2012 demonstrated mild degenerative changes; mild broad based bulge/protrusion, mild bilateral foraminal stenosis and facet arthropathy at L5/S1; minimal disk bulges/desiccation from L3 to L5 without central spinal stenosis. MRI of the right shoulder dated 4/12/2013 showed mild supraspinatus tendinopathy, no full thickness rotator cuff tear, degenerative changes of AC joint, non-specific small amount of fluid in the subacromial/subdeltoid bursas, and mild degenerative fraying of bicep labral complex. Diagnosis: cervical strain with right cervical radiculitis; lumbar strain with right lumbar radiculitis; thoracic strain; right shoulder impingement; right wrist/hand tendonitis and carpal tunnel syndrome; left knee pain/strain; depression/anxiety; GERD due to NSAID/opioid use. MRI of cervical spine was recommended, but not available for review. Previous treatment includes home exercises and medications to include: Vicodin, Tylenol #3, Lexapro, Motrin, Soma and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol # (qty not provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,78,79,80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

**Decision rationale:** MTUS guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include 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. Tylenol #3 is a combination with Acetaminophen and Codeine. The claimant has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. Furthermore a quantity was not specified and therefore this request is not considered medically necessary.

**Lexapro 20mg (qty not provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (SSRIs) Selective Serotonin Reuptake Inhibitors Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

**Decision rationale:** Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. They have not shown to be effective for low back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. MTUS guidelines support the use of SSRIs, and Lexapro, for neuropathic pain after failure to a first-line agent (Tricyclics). Review of the available medical records failed to document any trial of first-line agents or a specific quantity. As such, this request is not considered medically necessary.

**Soma 350mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Page(s): 22,72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**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.