MAXIMUS Federal Services

Case Number:	CM15-0112411		
Date Assigned:	06/18/2015	Date of Injury:	08/15/2012
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/10/2015

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, Pain Management

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 51 year old female, who sustained an industrial injury on August 15, 2012. The injured worker was diagnosed as having pain in joint, shoulder region, traumatic arthropathy shoulder region, carpal tunnel syndrome, shoulder rotator cuff syndrome and sprain of wrist. Treatment to date has included surgery, physical therapy, home exercise program (HEP) and medication. A progress note dated May 15, 2015 provides the injured worker complains of right shoulder pain radiating down the arm to the hand with numbness and tingling. Physical exam notes shoulder tenderness with decreased range of motion (ROM). She is anxious and depressed and tearful at times. The plan includes psychology evaluation and treatment, carpal tunnel splint, Voltaren gel and Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The Soma has been prescribed since at least February 2015, and the plan was to continue this at the May 2015 follow-up. This exceeds the recommended time frame. Given this, the currently requested carisoprodol (Soma) is not medically necessary.

Voltaren 1% topical gel 100g tube Qty: 3 with one refill: 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 Topical NSAIDs Page(s): 112.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. The guidelines further specific that topical NSAIDs are only recommended for a 4-12 week period. Within the documentation available for review, there is documentation the Voltaren gel has been prescribed since at least January 2015. Given this time frame, the currently requested Voltaren gel is not medically necessary.