

Case Number:	CM15-0122101		
Date Assigned:	07/06/2015	Date of Injury:	09/28/2012
Decision Date:	07/31/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/24/2015

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: Preventive Medicine, Occupational Medicine

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 injured worker is a 47 year old female, who reported an industrial injury on 9/28/2012. Her diagnoses, and or impression, were noted to include: multi-level cervical disc disease; right upper extremity overuse syndrome; post-operative right elbow epicondylar release (4/20/13 & 5/18/15); right shoulder pain, rotator cuff tear and arthropathy, status-post right shoulder arthroscopy (2/10/14); right wrist pain with right carpal tunnel release on 6/19/2014; and left upper extremity pain - compensable consequence. No current imaging studies were noted. Her treatments were noted to include diagnostic studies; surgery; physical therapy; acupuncture treatments; a home exercise program; medication management; and rest from work. The progress notes of 5/21/2015 reported increasing right elbow pain following surgery on 5/18/2015 and 2 steroid injections, with no physical therapy scheduled; no change in pain level after 12/12 physical therapy and 5/6 acupuncture with benefit - preferring extension. Objective findings were noted to include: slight swelling of pillars adjacent to the incisional scar of the right volar wrist; slight swelling of the right lateral epicondylar region that is with a large, well-healed scar; slight swelling of the right ulnar groove at the elbow; and tenderness to both regions. The physician's requests for treatments were noted to include the continuation of Soma and Voltaren Gel, and the extension of physical therapy for persistent right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Carisoprodol (Soma); Weaning of Medications Page(s): 24, 29, 65, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Section Weaning of Medications Section Page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. This medication is being used in a chronic nature, which is not supported by the guidelines. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for Soma 350mg, QTY: 30 is determined to not be medically necessary.

Voltaren 1% gel (gm), QTY: 400: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). Voltaren is not considered a first line agent. In this case, there is no indication that the injured worker had failed with the use of first line agents such as anti-convulsants or anti-depressants. The request for Voltaren 1% gel (gm), QTY: 400 is determined to not be medically necessary.

Physical therapy extension: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has previously completed 12 physical therapy sessions and should be able to continue with a self-directed, home-based exercise program. The request for physical therapy extension is determined to not be medically necessary.