

Case Number:	CM15-0170969		
Date Assigned:	10/06/2015	Date of Injury:	09/19/2014
Decision Date:	11/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/31/2015

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:

The injured worker is a 28 year old male, who sustained an industrial injury on 9-19-14. The injured worker is being treated for sprain of thoracic region, cervical disc degeneration and lumbar disc displacement. (EMG) Electromyogram studies of upper extremities performed on 5-18-15 were read as normal study. Treatment to date has included Soma 350mg (since at 12-31-14), Norco, pain management consult, acupuncture, physical therapy, cortisone injection to thoracic spine, trigger point injection to thoracic spine and activity modifications. On 6-11-15 the injured worker complained of mild to severe, throbbing, burning pain with stiffness in neck with radiation to thoracic spine and down his hands and fingers with numbness and tingling in hands and constant, severe, throbbing, burning pain with stiffness in thoracic spine with radiation to low back and down legs to knees and on 7-20-15, the injured worker complains of neck pain rated 5-8 out of 10 and right shoulder pain rated 6-8 out of 10 which is increased with activities of daily living and improved with ice-heat. Work status is noted to be modified duties. Physical exam performed on 6-11-15 revealed cervical tenderness bilaterally to paraspinous and right occipital, trapezius, levator scapula and rhomboids, no tenderness to shoulders, elbows or wrists and tenderness at midline lumbar region to right paraspinous and physical exam performed on 7-20-15 revealed tenderness of right shoulder and right trapezius. Documentation does not include trauma to shoulder or impingement or x-rays of right shoulder. Treatment plan included Soma 350mg #60, (MRI) magnetic resonance imaging of right shoulder and Lidoderm 5% patch. On 8-7-15 request for Lidoderm patch 5% #30, Soma 350mg #60 and (MRI) magnetic resonance imaging of right shoulder was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Lidoderm (lidocaine patch) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of anti-depressant and anti-convulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of anti-depressants and anti-convulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia, therefore, the request for 1 prescription of Lidoderm patch 5% #30 is not medically necessary.

1 MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Magnetic resonance imaging (MRI) 2015.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. In this case, the injured worker complains of shoulder pain but there is no diagnosis of or documented concern for rotator cuff tear or other red flag condition that would warrant the use of MRI. Additionally, there are no plain x-rays of the shoulder available for review; therefore, the request for 1 MRI of the right shoulder is not medically necessary.

1 prescription of Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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. 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. In this case, the injured worker has been prescribed Soma since at least December, 2014 which is not supported by the guidelines. Previous reviews have denied this medication. The request for 1 prescription of Soma 350mg #60 is not medically necessary.