

Case Number:	CM15-0177292		
Date Assigned:	09/18/2015	Date of Injury:	05/03/2012
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57 year old female, who sustained an industrial injury on 05-03-2012. She has reported injury to the neck and right shoulder. The injured worker has been treated for cervical spine sprain-strain; cervical stenosis; cervical radiculopathy; right shoulder sprain-strain; chronic tendonitis, right shoulder; shoulder impingement; and status post labral repair, right shoulder. Treatment to date has included medications, diagnostics, activity modification, H- Wave device, surgical intervention, physical therapy, and home exercise program. Medications have included Ultram, Mobic, and Soma. A progress report from the treating physician, dated 08-04-2015, documented a follow-up visit with the injured worker. The injured worker reported that she continues to have discomfort and pain in the right arm; she has numbness and tingling down the arm; and she has discomfort and pain in the right shoulder as well as limitation in motion. Objective findings included she is in no acute distress; decreased ranges of motion of the cervical spine with pain; right shoulder ranges of motion are decreased with pain, with abduction, forward flexion, and extension; and there is decreased sensation in C6 dermatome. The treatment plan has included the request for Mobic 15mg daily #30; Soma 350mg at bedtime #30; and Ultram 50mg every 12 hours #60. The original utilization review, dated 08-12-2015, non-certified a request for Mobic 15mg daily #30; Soma 350mg at bedtime #30; and Ultram 50mg every 12 hours #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg QD #30: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Mobic 15mg QD #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The MTUS states that there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDS and may compromise renal function. The documentation is not clear whether this is a new prescription or the patient has already been on NSAIDS. The prior physician progress note do not discuss medications, however the physical therapy notes indicate that an alleviating factor of the patient's pain is her pain medications. Without clarification of this information Mobic cannot be certified as medically necessary.

Soma 350mg at bedtime #30: 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: Soma 350mg at bedtime #30 is not medically necessary per the MTUS Guidelines. The MTUS recommends against using Soma and state that it is not for long term use. The MTUS states that abuse has been noted for sedative and relaxant effects of Soma. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation is not clear whether this medication is intended for short term use. The documentation is not clear whether this is a new prescription or the patient has already been on Soma. The prior physician progress note do not discuss medications, however the physical therapy notes indicate that an alleviating factor of the patient's pain is her pain medications. Without clarification of this information the request for Soma is not medically necessary.

Ultram 50mg Q 12hrs #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): Opioids, criteria for use, Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests).

Decision rationale: Ultram 50mg Q 12hrs #60 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation submitted does not reveal a clear pain assessment or monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The documentation does not indicate a treatment plan which is recommended by the MTUS including prescribing opioids based on with specific functional goals, return to work, risk assessment profile or and an updated signed opioid contract. The documentation is not clear whether the patient has been taking opioids prior to this request. The physical therapy progress notes indicate that pain medication alleviate the patient's symptoms, however the physician progress notes do not discuss medications. There is no evidence of a clear opioid treatment plan as recommended by the MTUS. Without this information the request for Ultram is not medically necessary.