

Case Number:	CM15-0064820		
Date Assigned:	04/10/2015	Date of Injury:	07/24/2003
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/06/2015

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

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 69 year old male who sustained an industrial injury on 07/24/2003. Current diagnoses include chronic cervicgia, cervical degenerative disc disease, cervicogenic migraine headaches, left shoulder impingement, pain related insomnia, and pain related depression. Previous treatments included medication management and shoulder surgery. Previous diagnostic studies included an MRI. Report dated 03/03/2015 noted that the injured worker presented with complaints that included neck pain with radicular symptoms to the left upper extremity. Physical examination was positive for abnormal findings. The physician noted that the injured worker has 50-60% reduction in pain with use of medication, pain level was rated as 4 out of 10 on the visual analog scale (VAS) with medications. The treatment plan included a request for a neurosurgical consultation, continue on current medication regimen, and re-turn for re-evaluation in one month. Disputed treatments include Soma, Voltaren gel, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg tablet 1 po bid prn #60 with 1 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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

Decision rationale: The patient presents with neck and left shoulder pain. The physician is requesting Soma 350 mg tablet 1 po bid prn #60 with 1 Refill. The RFA dated 03/27/2015 shows a request for Soma 350mg oral tablet take 1 tablet PO BID PRN quantity 60 with 1 refill. The patient's date of injury is from 07/24/2003 and he is currently temporarily totally disabled. The MTUS Guidelines page 29 on Carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate: a schedule IV controlled substance. The records show that the patient was prescribed Soma on 01/13/2015. In this case, the long-term use of Soma is not supported by the guidelines. The request is not medically necessary.

Voltaren Topical Gel 1 Percent 4gm apply Q4am to painful areas as qid prn #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The patient presents with neck and left shoulder pain. The physician is requesting Voltaren Topical Gel 1% 4gm apply Q4am to painful areas as qid prn #3. The RFA dated 03/27/2015 shows a request for Voltaren Topical 1% topical gel apply 4am to painful areas QID/PRN quantity 3. The patient's date of injury is from 07/24/2003 and he is currently temporarily totally disabled. The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. It is indicated for patient with Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The records show that the patient was prescribed Voltaren gel on 01/13/2015. The 03/10/2015 report notes that the patient is applying Voltaren gel to his neck and left shoulder. In this case, the patient does not present with osteoarthritis and tendinitis of the knee, elbow or other joints for which topical NSAIDs would be indicated per MTUS. The request is not medically necessary.

Norco 10/325mg tablet 1 po Q4h prn #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with neck and left shoulder pain. The physician is requesting Norco 10/325 mg tablet 1po Q4h prn #180. The RFA dated 03/27/2015 shows a request for Norco 10/325 mg oral tablet take 1 tablet PO Q4 hrs PRN quantity 180. The patient's date of injury is from 07/24/2003 and he is currently temporarily totally disabled. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed Norco on 01/13/2015. The physician notes medication efficacy stating that Norco is necessary to help manage the patient's pain such that he can adequately function with activities of daily living including dressing, cleaning, cooking and hygiene. The patient notes 50-60% reduction in his pain and spasm with the use of his medications. He rates his pain 8-9/10 without medication and 4/10 with medication use. The patient has signed a pain contract and has not exhibited any aberrant behaviors. No side effects were reported. His urine drug screen from 05/05/2014 were consistent to his prescribed medications. In this case, while the physician addresses the four A's as required by MTUS, the patient does not appear to achieve significant functional improvements in terms of ADL's or return to work. Only general statements are provided regarding ADL's with no use of validated instruments and outcome measures. Furthermore, chronic opiates are recommended for neuropathic pain and nociceptive pains with on-going tissue destruction per MTUS. This patient has musculoskeletal pains of the neck and shoulder for which only a short-term use of opiates are recommended. The request is not medically necessary.