

Case Number:	CM15-0078984		
Date Assigned:	04/30/2015	Date of Injury:	08/06/2012
Decision Date:	07/07/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Illinois

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 38 year old male, who sustained an industrial injury on 8/6/2012. He reported pain of low back, left leg, neck, right arm, chest, and right second, third and fourth fingers. The injured worker was diagnosed as having cervicgia without radiculopathy, right shoulder pain, right shoulder posterior inferior glenohumeral ligament tear, lumbago with left leg sciatica, and right medial sternoclavicular joint arthropathy. Treatment to date has included medications, computed tomography scan, and electrodiagnostic studies. The request is for Norco, Tramadol, Valium, Soma, and electrodiagnostic studies of the right upper extremity. On 4/2/2015, he complained of right shoulder, low back and neck pain. He reported increasing pain from the neck with radiation into the right arm, right shoulder and low back. The treatment plan included pain management, and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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 Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 8/6/2012. The medical records provided indicate the diagnosis of cervicalgia without radiculopathy, right shoulder pain, right shoulder posterior inferior glenohumeral ligament tear, lumbago with left leg sciatica, and right medial sternoclavicular joint arthropathy. Treatment to date has included medications, computed tomography scan, and electrodiagnostic studies. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 08/2014, but with no overall improvement. Therefore, the request is not medically necessary.

Tramadol 50mg #90: 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 Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 8/6/2012. The medical records provided indicate the diagnosis of cervicalgia without radiculopathy, right shoulder pain, right shoulder posterior inferior glenohumeral ligament tear, lumbago with left leg sciatica, and right medial sternoclavicular joint arthropathy. Treatment to date has included medications, computed tomography scan, and electrodiagnostic studies. The medical records provided for review do not indicate a medical necessity for Tramadol 50mg #90. Tramadol is synthetic opioid. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 08/2014, but with no overall improvement. Therefore, the request is not medically necessary.

Valium 5mg #60: 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 Benzodiazepines Page(s): 24.

Decision rationale: The injured worker sustained a work related injury on 8/6/2012. The medical records provided indicate the diagnosis of cervicalgia without radiculopathy, right shoulder pain, right shoulder posterior inferior glenohumeral ligament tear, lumbago with left leg sciatica, and right medial sternoclavicular joint arthropathy. Treatment to date has included medications, computed tomography scan, and electrodiagnostic studies. The medical records provided for review do not indicate a medical necessity for Valium 5mg #60. Valium (Diazepam), is a benzodiazepine. The medical records indicate the use of this medication predates 08/2014. The MTUS does not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Therefore, the request is not medically necessary.

Soma 350mg #60: 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 Carisprodol (Soma); Muscle relaxants (for pain) Page(s): 29; 63-64.

Decision rationale: The injured worker sustained a work related injury on 8/6/2012. The medical records provided indicate the diagnosis of cervicalgia without radiculopathy, right shoulder pain, right shoulder posterior inferior glenohumeral ligament tear, lumbago with left leg sciatica, and right medial sternoclavicular joint arthropathy. Treatment to date has included medications, computed tomography scan, and electrodiagnostic studies. The medical records provided for review do not indicate a medical necessity for Soma 350mg #60. Soma, Carisprodol, is a muscle relaxant taken as 250 mg-350 mg four times a day for not more than 2-3 weeks. The MTUS non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical records do not indicate the injured worker has acute exacerbation of the chronic back pain: the features of this pain have remained the same since 08/2014. Therefore, the request is not medically necessary.

Electromyograph (EMG) and nerve conduction velocity (NCV) of the right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The injured worker sustained a work related injury on 8/6/2012. The medical records provided indicate the diagnosis of cervicalgia without radiculopathy, right shoulder pain, right shoulder posterior inferior glenohumeral ligament tear, lumbago with left leg sciatica, and right medial sternoclavicular joint arthropathy. Treatment to date has included medications, computed tomography scan, and electrodiagnostic studies. The medical records provided for review do not indicate a medical necessity for Electromyograph (EMG) and nerve conduction velocity (NCV) of the right upper extremity. The medical records do not indicate there has been a progression of features since 07/2014 when the injured worker was noted to have normal upper extremities nerve studies (EMG/NCV). Therefore, the request is not medically necessary.