

Case Number:	CM13-0046965		
Date Assigned:	12/27/2013	Date of Injury:	09/23/2004
Decision Date:	10/01/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical Records reflect the claimant is a 55 year old female with a work related injury from 9-23-04. The claimant has a diagnosis of chronic lumbar disc herniation, status post-surgery and chronic cervical strain. She has a Dorsal Column Stimulator (DCS) trial approved. Office visit from 10-7-13 notes the claimant has low back pain and severe radiating pain to the right lower extremity, cervical pain radiating to bilateral upper extremities and paresthesias in both hands. The claimant reports Motrin provides decrease in pain from 8/10 to 4/10. The claimant has spasms, antalgic gait, decrease in range of motion; normal strength and sensation in the upper extremities, + SLR at the right tat 50 degrees and 70 degrees on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Soma (Carisoprodol) 250MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines: Carisoprodol.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that this medication is not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. There are no extenuating circumstances to support exceeding the current treatment guidelines. Therefore, 120 Soma (Carisoprodol) 250MG is not medically necessary and appropriate.

60 Motrin 800MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG reflect that NSAIDs are not recommended for long term use. The claimant has ongoing symptoms and ongoing use of NSAIDs is not indicated. There are no extenuating circumstances to support exceeding the current treatment guidelines. Therefore, 60 Motrin 800MG is not medically necessary.

60 RESTORIL 15MG: 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: Chronic Pain Medical Treatment Guidelines as well as ODG notes that this type of medication is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There are no extenuating circumstances to support exceeding the current treatment guidelines. Therefore, recommend the medical necessity of this request is not established as medically necessary.