

Case Number:	CM13-0059566		
Date Assigned:	12/30/2013	Date of Injury:	01/28/2013
Decision Date:	05/15/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Illinois. 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:

The injured worker is a 29-year-old male who reported an injury on 01/28/2013. The mechanism of injury was that the injured worker lifted a fence that he was working on to turn around; the fence weighed approximately 50 to 70 pounds, and it was approximately 8 feet long. As the injured worker turned the fence around, he felt a sharp pain in his low back, left leg, neck and left arm. The injured worker had an MRI of the cervical spine on 06/10/2013, which revealed that at C3-6, there were 2 mm posterior broad-based disc protrusions that were causing indentation and impingement on the anterior thecal sac and the cervical cord. The injured worker's medication history included cyclobenzaprine, omeprazole and Terocin patches as of 09/2013. The documentation of 10/07/2013 revealed that the injured worker had a physical examination of the cervical spine, which revealed tenderness to palpation of the cervical paraspinals and left trapezius bilaterally. The injured worker had decreased sensation throughout the entire left arm. The Spurling's maneuver to the left or right reproduced contralateral upper trapezius pain. The diagnoses included cervical spine multilevel disc bulge and left cervical radiculopathy. The treatment plan included anti-inflammatories, ketoprofen, omeprazole for gastric protection and Terocin patches as well as Flexeril. Additionally, it was recommended that the injured worker should have a cervical interlaminar epidural steroid injection due to the multilevel disc bulge and left radicular symptoms on imaging. The injured worker had muscle stretch reflexes that were normal and symmetric and normal strength with all movements in both upper limbs. Additionally, the request was made for a left-sided L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH #1 BOX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic and Lidocaine Page(s): 105,111-112.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker utilized the medication for greater than 4 months. It was indicated the medication decreased the injured worker's spasms and that the injured worker had increased physical activity and movement and improvement in activities of daily living with the medications. The request as submitted failed to provide the frequency for the medication. Given the above, the request for Soma 350 mg #90 is not medically necessary.