

Case Number:	CM13-0060348		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2003
Decision Date:	04/03/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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:

This is a patient with the date of injury of August 25, 2003. A utilization review determination dated September 25, 2013 recommends non-certification of Motrin and Soma, and certification of Percocet, Lyrica, and Ultram. They progress report dated January 3, 2014 includes subjective complaints indicating that the patient's pain is 5-9/10. The note indicates the medications allow her to sleep and reduce pain by the next work day. Without medication, it is unlikely she would be able to tolerate the nonnarcotic daytime pain regimen and full-time work. Current medications include Motrin, Soma, Ultram, Percocet, and Lyrica. The note indicates that the patient denies G.I. complaints, constipation, and bowel or bladder dysfunction. Physical examination indicates tightness across both shoulders extending into the upper arms with tenderness around the paraspinal muscles in the cervical spine and the trapezius area. Assessment indicates Chiari malformation status post decompression in 2007, cervical degenerative disc disease, cervical facet joint arthropathy, myofascial pain, chronic pain syndrome, and reactive depression. The treatment plan recommends continuing the use of ice, heat, rest, stretching, exercise, and medications. A progress report dated December 6, 2013 indicates that the patient has hypoesthesia in the posterior aspect of both upper extremities. An operative report dated December 6 indicates that the patient underwent a cervical epidural steroid injection. A progress report dated October 11, 2013 indicates that the patient does not take medications which cause sleepiness during the day. Therefore, she uses Motrin and Ultram during the day and takes Percocet and Soma in the evening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin: Overturned

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 Page(s): 67-72.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the requesting physician has identified that Motrin is providing analgesic benefits and objective functional improvement. No side effects have been noted. The Motrin is used for daytime analgesia when the patient cannot tolerate Percocet and Soma. As such, the currently requested Motrin is medically necessary.

Soma 350mg #120: 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 Page(s): 63-66.

Decision rationale: Regarding the request for Soma (carisoprodol), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Soma. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.