

Case Number:	CM13-0063491		
Date Assigned:	12/30/2013	Date of Injury:	01/03/1988
Decision Date:	05/23/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and 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:

The patient is a 73 year old female who was injured on 1/3/1988. She is being treated for upper and low back pain. An 11/13/2013 clinic visit, [REDACTED] noted that the low back pain radiated periodically to the lower extremities. There is associated tingling, muscle spasm and left leg weakness. The lumbar spine radiology report showed degenerative disc disease of the lumbar spine. The pain was significantly decreased with home exercise. The patient had been on Naprosyn or various NSAIDs since injury for pain and Soma for muscle spasm. A Utilization Review decision was rendered on 11/27/2013 recommending partial certification of Naprosyn 250mg #360 5 refills to #60 no refill and non- certification of Soma 350mg #30 5 refills #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROSYN 250 MG # 60 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids (Non Steroid Anti Inflammatory Drugs) Page(s): 66 and 67- 68.

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

Decision rationale: The CA MTUS addressed the use of Non-Steroidal Anti-Inflammatory Drugs (NSAID) in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs

can lead to cardiovascular, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest period during acute injury and exacerbations of musculoskeletal pain. The record indicate that the patient has been on NSAIDs medications beginning on or after the injury in 1988.

SOMA 350 MG # 30 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 63-66.

Decision rationale: The CA MTUS addressed the use of muscle relaxants in the treatment of muscle spasms associated with chronic pain. It is recommended that only non-sedating muscle relaxants be used and only as a second-line option for the short-term treatment of acute exacerbations of symptoms that are nonresponsive to standard treatment including NSAIDs, physical therapy and exercise. The short term course of therapy should be limited to 2-3 weeks to minimize the risk of dependency, sedation and addiction associated with use of sedating muscle relaxants. The patient had been on treatment with Soma, a sedating muscle relaxant for several years.