

Case Number:	CM14-0006373		
Date Assigned:	02/21/2014	Date of Injury:	05/09/1999
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/16/2014

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 Family Medicine, and is licensed to practice in Utah. 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 46 year-old female. The patient's date of injury is 5/9/1999. The mechanism of injury is unclear at this time. The patient has been diagnosed with back pain/spinal cord, Sprain/Strain of the lumbar spine. The patient's treatments have included medications and imaging studies. The physical exam findings show an excellent range of motion. The patient is ambulating with no limp. The patient's neuro exam is reported as intact for the lower extremities. Lumbar back is noted at normal range of motion. The patient's medications have included, but are not limited to; Vicodin, Motrin, Soma, Tylenol #4. It is unclear according to the clinical documents when these medications were started and what the outcomes of the medications are.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL #4 QTY: 600: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 75.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Tylenol #4. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. According to the clinical documentation provided and current MTUS guidelines; Tylenol #4 is not indicated a medical necessity to the patient at this time.

SOMA 350MG QTY: 900: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), Pa. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. CHRONIC PAIN MEDICAL TREATMENT - MUSCLE RELAXAN.

Decision rationale: MTUS guidelines state the following: Soma is indicated for as an option for use in short course of therapy. MTUS states that treatment course should be brief. Carisoprodol (Soma®, Soprodal 350ĳ, Vanadom®, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. According to the clinical documents, the Soma requested is not being used for short term therapy. Following guidelines as listed above, there is no indication for the use of Soma at this time, the request is not deemed as a medical necessity.