

Case Number:	CM14-0007173		
Date Assigned:	03/03/2014	Date of Injury:	11/30/2010
Decision Date:	06/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/20/2014

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 Orthopedic Surgery and is licensed to practice in Maryland License. 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 43 year old female who sustained an injury on 11/30/10 when she fell backwards developing complaints of low back pain radiating to the hips as well as a burning sensation in the left hip and at the bilateral knees. MRI studies of the lumbar spine did note annular tearing at L5-S1 with associated disc bulging. Prior electrodiagnostic studies from July of 2013 noted findings consistent with generalized polyneuropathy both axonal and demyelinating. The injured worker has been continued on medications on a regular basis including Vicodin, Naprosyn, and Soma. The injured worker reported no benefit from the medications as well as no side effects. The injured worker did describe some benefit from the use of a Medrol cream. The injured worker continued to report complaints of pain in the neck and low back as of 11/04/13. The injured worker also complained of pain at the bilateral knees and bilateral shoulders. On physical examination, there was loss of sensation in the upper extremities in a bilateral C5 distribution. Mild weakness was present in the upper extremities. There was loss of lumbar range of motion. No gross motor deficits in the lower extremities were noted. Reflexes were 1+ and symmetric. Multiple trigger points were noted. Medication refills were given at this visit and the injured worker was recommended for future epidural steroid injections, sacroiliac joint injections, and facet joint injections. Follow up on 12/13/13 noted the injured worker had some relief with epidural steroid injections. The injured worker did report relief from medications including Ibuprofen and Soma. On physical examination, there continued to be tenderness to palpation in the cervical and lumbar regions with loss of range of motion. Both Ibuprofen and Soma were refilled at this visit. The injured worker was also prescribed Amitriptyline for continuing neuropathic complaints as well as difficulty sleeping due to pain. Toxicology results from 02/04/14 were noted to be positive for Soma. The injured worker was seen on 02/21/14 with continuing complaints of pain affecting the low back, bilateral

shoulders, and upper extremities. On physical examination, there continued to be tenderness to palpation in the lumbar paraspinal musculature with associated spasms. There was continuing loss of lumbar range of motion. The injured worker did have tenderness to palpation over the bilateral shoulders with loss of range of motion. Positive impingement signs were noted. The injured worker was recommended to continue with a topical analgesic as well as Flexeril, Motrin, Elavil, and Prilosec. The requested Ibuprofen 800mg, quantity 120, Elavil 25mg, quantity 60, and Carisoprodol 350mg, quantity 120 was denied by utilization review on an unknown date.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS- NSAIDs, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, 67-68

Decision rationale: In regards to the use of Ibuprofen 800mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the patient could have reasonably transitioned to an over-the-counter medication for pain. Therefore, the request for Ibuprofen 800mg, #120 is not medically necessary and appropriate.

ELAVIL 25MG, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS- ANTI DEPRESSANTS, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS, 13-16

Decision rationale: In regards to the use of Elavil 25mg, quantity 60, this reviewer would have recommended this medication as medically necessary. Per the clinical reports, the injured worker was having difficulty with sleeping secondary to chronic musculoskeletal complaints. Previous electrodiagnostic studies did note evidence of a generalized polyneuropathy and the

injured worker has had persistent complaints of pain in the upper and lower extremities. Elavil is a recommended 1st line medication for the treatment of neuropathic symptoms. Elavil is also routinely used for insomnia and sleep issues. Given the injured worker's difficulty with sleeping secondary to chronic musculoskeletal complaints and the evidence consistent with peripheral neuropathy, this reviewer would have recommended Elavil 25mg, #60 as medically necessary.

CARISOPRODOL 350MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS- CARISOPRODOL (SOMA), ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 63-67

Decision rationale: In regards to the use of Carisoprodol 350mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, Carisoprodol 350mg, #120 is not medically necessary and appropriate..