

Case Number:	CM14-0008689		
Date Assigned:	02/12/2014	Date of Injury:	05/14/2013
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in 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 injured worker is a 77-year-old female who sustained an injury on 05/14/13. No specific mechanism of injury was noted. The injured worker has been followed for complaints of neck and shoulder pain. Prior treatment has included the use of trigger point injections recently completed in October of 2013. MRI (magnetic resonance imaging) studies of the left shoulder were completed in 2013 noting partial thickness tearing of the supraspinatus tendon. There was also previous electrodiagnostic evidence of a mild bilateral carpal tunnel syndrome. The injured worker was seen by the provider on 10/10/13. The injured worker reported persistent headaches, neck pain, and bilateral shoulder pain. On physical examination, spasms and paravertebral muscular tenderness with restricted range of motion was noted in both the neck and low back. There was also tenderness present in the shoulders bilaterally with decreased range of motion. Impingement signs were noted bilaterally. The recommendations were for MRI studies of the lumbar spine as well as electrodiagnostic studies of the lower extremities. The injured worker was referred to acupuncture therapy. Follow up on 12/12/13 indicated the injured worker was pending physical therapy. This report did discuss the injured worker's knee symptoms. On physical examination, no changes were noted for the neck, shoulders, or low back. At the knees, minimal effusion was present with tenderness to palpation at the joint lines. There was a positive McMurray's sign with tenderness over the medial collateral ligament. The injured worker was recommended for bilateral MRI studies of the knees. The medications to include Omeprazole, Tylenol ES, and Soma were continued at this visit. The requested Carisoprodol 350mg, quantity 60, Carisoprodol 350mg, quantity 30, Omeprazole 20mg, quantity 30, and Tylenol ES 500mg, quantity 120 were all denied by utilization review on 02/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350 MG 1 TABLET BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT, Page(s): 63-67. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES ,

Decision rationale: In regards to the use of Carisoprodol 350mg, quantity 60, this medication is not medically necessary based on the clinical documentation provided for review and the MTUS guidelines recommendations. According to the MTUS, the chronic use of muscle relaxers is not recommended. 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, the ongoing use of this medication is not recommended.

CARISOPRODOL 350 MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, TREATMENT, 29

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 RELAXANT, 63-67

Decision rationale: ITEM REMOVED BECAUSE IT HAS BEEN CERTIFIED BASED ON UR DATE 1/7/2014

OMEPRAZOLE DR 20 MG, ONCE DAILY #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, , 68

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: ITEM REMOVED BECAUSE IT HAS BEEN CERTIFIED BASED ON UR DATE 1/7/2014

TYLENOL ES 500 MG 2 TABLETS BID, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ,

Decision rationale: In regards to Tylenol ES 500mg, quantity 120, this medication is medically necessary based on the clinical documentation provided for review and the MTUS guidelines recommendations. The injured worker continues to have persistent musculoskeletal complaints in multiple areas to include the neck, low back, shoulders, and knees. The MTUS guidelines do recommend the use of over the counter Tylenol as an anti-inflammatory to address ongoing musculoskeletal complaints. There is no indication of any risk factors for ongoing anti-inflammatory use utilizing an over the counter Tylenol. As such, the request is certified.