MAXIMUS Federal Services

Case Number:	CM14-0105441		
Date Assigned:	07/30/2014	Date of Injury:	10/23/1997
Decision Date:	09/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/08/2014

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 and is licensed to practice in Nevada. 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 was reportedly injured on October 23, 1997. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 13, 2014, indicates that there are ongoing complaints of cervical spine pain and numbness and tingling in both hands. The physical examination demonstrated decreased cervical spine range of motion and tenderness as well as spasms over the paravertebral muscles and trapezius. There was a normal upper extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral and topical medications. A request had been made for carisoprodol, Fexmid, flurbiprofen, cyclobenzaprine/tramadol and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350, Vanadom, generic available), Weaning of Medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 29 OF 127.

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. The California Medical Treatment Utilization Schedule specifically recommends against the use of Soma due to its abuse potential. Based on the clinical documentation provided, the there is no rationale for deviation from these guidelines. As such, this request for carisoprodol is not medically necessary.

Fexmid 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66 OF 127.

Decision rationale: Fexmid is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. A review of the attached medical record indicates that the injured employee has been prescribed this medication for an extended period of time. Considering this, the request for Fexmid is not medically necessary.

Flurbiprofen, 30gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 OF 127.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support topical non-steroidl anti-in for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employees diagnosis, this request for flurbiprofen is not medically necessary.

Cycloben/tramadol, 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Cyclobenzaprine (topical), Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include cyclobenzaprine and tramadol. Considering this, the request for cyclobenzaprine/tramadol is not medically necessary.