

Case Number:	CM14-0011304		
Date Assigned:	02/21/2014	Date of Injury:	08/12/2005
Decision Date:	06/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/28/2014

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 California. 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 claimant is a 54-year-old, female who was injured on 08/12/05; the mechanism of injury was not identified. The records provided for review document current complaints of the cervical spine and that the claimant was status post an anterior cervical discectomy and fusion. A progress report dated 01/16/14 noted neck pain with moderate numbness of the bilateral arms and hands. Also documented in the report is the result of an MRI from February 2012 identifying foraminal stenosis at multiple levels. Examination was documented to show equal and symmetrical reflexes, positive left sided carpal compression testing, a nonantalgic gait pattern; no other findings were noted. The records noted that conservative care consisted of medications of Soma and ibuprofen. There was no documentation of other forms of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Carisoprodol (soma) Page(s): 29.

Decision rationale: The California MTUS Chronic Pain Guidelines do not support the request for Soma. The Chronic Pain Guidelines state that Soma is currently not recommended in the chronic setting with clinical guidelines not supporting its use beyond the first three to four weeks of conservative acute care. The continued use of Soma at this chronic stage from claimant's injury with no documentation of acute clinical findings would not be supported as medically necessary.

IBUPROFEN 800MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, 87

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Non-steroidal anti-inflammatory drugs (NSAIDs)-Nonsel.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines also would not support continued use of ibuprofen. The Chronic Pain Guidelines recommend that nonsteroidal antiinflammatory agents should be used at the lowest dose possible for the shortest period of time possible in the chronic setting. The records currently do not identify an acute symptomatic flare or acute clinical findings that would support the continued use of this agent in the chronic setting. The continuation of ibuprofen would not be supported as medically necessary.