

Case Number:	CM14-0015409		
Date Assigned:	02/28/2014	Date of Injury:	07/04/1994
Decision Date:	06/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 46 year old male who is reported to have sustained work related injuries on 07/04/94. The records suggest that the injured worker developed cervical pain as a result of cumulative trauma while operating a forklift. The record includes an independent evaluation dated 08/20/13 in which the injured worker's medication use is discussed. The injured worker's subjective complaints are documented. He is noted to have persistent neck stiffness beginning at the base of the skull. His neck muscles will get tight and the pain will radiate between the shoulder blades which is worse with sitting and standing. He reports that Soma offers considerable relaxation, allows him to sleep, and prevents development of muscle spasms. He is noted to be able to drive, shop, and do housework. He limits other physical activities. He is noted to be working full time. On physical examination, he is noted to have diffused tenderness in the cervical spine extending along the trapezius and ending at the T8 interscapular region. Cervical range of motion is mildly reduced. Shoulder range of motion is full bilaterally. Upper extremity range of motion is normal. Motor strength is graded as 5/5 and is intact symmetrically. Reflexes were 1+ and symmetric. Sensation is intact. Hoffman's sign was negative. The reviewer notes an MRI of the cervical spine dated 06/20/02 which notes no significant disc protrusion, cord impingement, or foraminal stenosis. Neck radiographs are reported to be grossly unremarkable. In discussion regarding the injured worker's medication, the reviewer believes that the medications, Hydrocodone/APAP 10/325mg and Ultram ER 300mg are appropriate and medically necessary. He finds that the use of Carisoprodol 250mg is not recommended due to the multiple side effects in metabolism of the medication. He subsequently recommends changing the Carisoprodol to another less controversial muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 250 MG #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, Page(s): 63-66..

Decision rationale: The request for Carisoprodol 250mg, #20 is not supported as medically necessary. Per the submitted clinical records, the injured worker has chronic pain associated with cervical myofascial injuries. The record does report that the injured worker has evidence of periodic cervical myospasm. However, an independent review has recommended the discontinuation of Carisoprodol for another less controversial muscle relaxant. Current CA MTUS guidelines do not support the use of Soma in the treatment of chronic myofascial pain. As such, the request is not supported as medically necessary.

HYDROCODONE/APAP 10/325 MG #110: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opiates, Page(s): 74-80.

Decision rationale: The request for Hydrocodone/APAP 10/325mg, #110 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic myofascial pain associated with cumulative trauma. The records do not provide serial VAS scores establishing that the use of Hydrocodone is efficacious in the treatment of the myofascial pain. Additionally to this, it would appear that the use of an opiate for myofascial pain is potentially excessive. It is further noted that the injured worker does not appear to take his oral medications consistently and only as needed. This would strongly suggest that the continued use of this opiate medication is not medically necessary or would be supported under CA MTUS.

ULTRAM ER 300 MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opiates, Page(s): 74-80.

Decision rationale: The request for Ultram ER 300mg, #30 would be appropriate given that the injured worker has periodic exacerbations of his myofascial pain. It would further be noted that

the injured worker has continued to work full time and as such would meet criteria under CA MTUS for the continuation of a single opiate medication.