

Case Number:	CM14-0110323		
Date Assigned:	08/01/2014	Date of Injury:	10/19/1988
Decision Date:	10/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 67 year old female who reported an injury to her low back. The injured worker had neck and shoulder pain. No description of the initial injury was provided in the clinical documentation. Utilization review dated 06/18/14 resulted in denials for continued use of soma and Pennsaid. Continued use of soma is indicated only for short term use. It appeared the injured worker had been continuing with the use of this medication beyond the recommended window of treatment. Therefore, the request was not indicated as medically necessary. The use of Pennsaid resulted in denial as no information was submitted confirming previous trials of non-steroidal medications via the oral route. Clinical note dated 07/09/14 indicated the injured worker continuing with complaints of low back, shoulder, and neck pain. The injured worker rated the pain 4-6/10. The injured worker stated the pain was increased with prolonged sitting, standing, and walking. Reflexes were identified as being diminished in the Achilles. Tenderness was identified over L4-5 and L5-S1 lumbar paraspinals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 29, 63, 64, 65, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol Page(s): 65.

Decision rationale: Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the continued use of this medication is not supported.

Pennsaid 1.5%: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter,
Diclofenac, topical (Flector®®, Pennsaid®®, Voltaren®® Gel)

Decision rationale: The request for Pennsaid 1.5% is not medically necessary. The injured worker complained of pain at several sites most notably the neck and low back. The use of Pennsaid is indicated for injured workers who have responded appropriately to previous trials of non-steroidal medications. No information was submitted regarding previous trials or positive response to this medication. Given this, the request is not indicated as medically necessary.