

Case Number:	CM14-0126139		
Date Assigned:	08/13/2014	Date of Injury:	03/20/2012
Decision Date:	09/18/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/08/2014

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, has a subspecialty in Pain Management 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 50-year-old female who reported injury on 3/20/2012. The mechanism of injury was the injured worker was in between class changes and a student running knocked her down and the injured worker fell seated and experienced pain in her back and left side. The injured worker was noted to have received medications and physical medicine treatment. The surgical history was non-contributory. The medications included Motrin. The diagnostic studies were not provided. The documentation of 07/15/2014 revealed the injured worker had complaints of continuous pain in the left shoulder traveling to her left arm. The injured worker was noted to have popping, clicking and a grinding sensation in the shoulder. The injured worker had numbness and tingling in the shoulder and arm. The pain was noted to increase with reaching, moving arm backwards and lifting her upper extremity above shoulder level. The injured worker had complaints of continuous left wrist and hand pain. The injured worker was noted to have episodes of swelling numbness, tingling, cramping and weakness in the left hand. The injured worker had complaints of continuous pain in the low back and frequent pain in the left knee. The injured worker had clicking, popping and locking in the left knee. The injured worker indicated she had episodes of swelling in the left knee and the knee had given out causing her to lose balance. The injured worker was noted to have difficulty standing and walking for prolonged periods of time and difficulty ascending and descending stairs. The physical examination of the lumbar spine revealed spasms in the paraspinal muscles and tenderness to palpation in the paraspinal muscles. The injured worker had no sensory deficits. The injured worker had decreased range of motion. The muscle testing was 5/5 and the reflex testing was within normal limits. The injured worker had a positive straight leg raise in the bilateral legs. The injured worker had tenderness to pressure over the left hip joint. Range of motion was noted to be within normal limits. The diagnoses were lumbar radiculopathy and enthesopathy of the

hip. The treatment plan included an MRI of the lumbar spine, physical therapy 3 times a week x4 weeks for low back, and EMG/NCV of the bilateral lower extremities, Carisoprodol 350 mg 1 tablet twice a day quantity 60 with refills x2, naproxen sodium 550 mg 1 daily #30 and Omeprazole DR 20 mg capsules 1 daily quantity 30 with 2 refills. There was a detailed Request for Authorization submitted for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker was trialing the medication. As such, there was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Carisoprodol 350 mg #60 with 2 refills is not medically necessary.

Naproxen Sodium 550mg #30: Upheld

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.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. It is recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the injured worker's treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had previously been taking an NSAID. There was a lack of documentation of objective functional improvement and an objective decrease in pain with the use of the NSAID. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naproxen sodium 550 mg #30 is not medically necessary.

Omeprazole Dr 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend that clinicians should determine if the injured worker is at risk for gastrointestinal events which include age greater than 65 years, a history of a peptic ulcer, gastrointestinal bleed or perforation, the concurrent use of aspirin, corticosteroids or anticoagulants or if the injured worker is using a high dose or multiple NSAIDs. The clinical documentation submitted for review failed to support the request for the NSAID. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole DR 20mg #30 with 2 refills is not medically necessary.