

Case Number:	CM14-0139618		
Date Assigned:	09/05/2014	Date of Injury:	08/22/2006
Decision Date:	10/03/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation, 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:

This is a male patient with a date of injury of August 22, 2006. A utilization review determination dated August 4, 2014 recommends as not medically necessary, of Soma 350 mg 1 po Q Day #30 Refill X2, Daypro 600 mg 1 Q Day #30 Refill X2, Temazepam 15 Mg 1 po Qhs #30 Refill x2, And Flurbiprofen F-20 Topical Analgesic 1 - 2 G 4x a day 240 g. A progress note dated April 2, 2014 identifies subjective complaints of neck pain, upper, mid, and lower back pain, bilateral arm pain, and headaches. The patient describes his pain as being sharp, aching, throbbing, pins and needles, and shooting. The patient reports that his pain has increased since the last visit, and he describes his pain as a 9 on eight 10 scale. The patient reports neck and mid back pain that he states "my neck and mid back pain is worse than ever, it has been difficult to get comfortable and to get decent sleep", in addition to pain the patient also complains of joint pain, joint stiffness, morning stiffness, and muscle aches. The patient reports his pain is worse on this visit, level of sleep for the patient has stayed the same, quality of sleep is poor, the patient averages between 4 and 5 hours per night. The patient is also trying breathing/relaxation, ice/heat, and TENS for pain relief. Since the last visit, quality life has remained unchanged, the quality is poor according to the patient due to increasing pain, he reports a decrease in ADLs, the patient is in taking his medications as prescribed no medication abuse is suspected, the patient reports continued functional benefit from the pain meds, and he denies side effects. Current medications include Carisprodol 350mg, Medrox Ointment 0.0373-20~5%, Oxycodone 10 mg, Daypro 600mg, F20 Flurbiprofen 20%, Temazepam 15 mg, And Xanax 0.5 mg. Physical examination identifies cervical spinous process tenderness on C 6, tenderness in the paracervical muscles, right C6 radiculopathy, tenderness on both sides of the thoracic paravertebral muscles, tenderness of bilateral lumbar paravertebral muscles, and bilateral shoulder restriction with flexion, extension, adduction, abduction, passive elevation, and active elevation. Diagnoses

include cervical pain, cervical radiculopathy, fibromyalgia and myositis, and chronic pain syndrome. The treatment plan recommends an MRI of the thoracic and cervical, continuation of Soma and Daypro, prescription refill for Temazepam 15 mg, the patient is in need of a new AME, medication refill for Carisprodol 350mg, prescription refill for Daypro 600mg, and prescription refill for Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg # 30 refill x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma) Page(s): 29.

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

Decision rationale: Regarding the request for Soma (Carisprodol) 350mg 1 po qd #30 refill x2, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Soma. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma (Carisprodol) 350mg 1 po qd #30 refill x2 is not medically necessary.

Daypro 600mg #30 refill x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Daypro 600mg 1 po qd #30 refill x2, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Daypro is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Daypro 600mg 1 po qd #30 refill x2 is not medically necessary.

Temazepam 15mg # 30 refill x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation, Pain, Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, and Benzodiazepines

Decision rationale: Regarding the request for Temazepam 15mg 1 po qhs #30 refill x2, Chronic Pain Medical Treatment Guidelines state the Benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, it is unclear what diagnosis the Temazepam is being prescribed to treat. There are no subjective complaints of anxiety or panic attacks. There are complaints of insomnia, but there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Furthermore, there is no documentation identifying any objective functional improvement as a result of the use of the Temazepam. Finally, there is no indication that the Temazepam is being prescribed for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Temazepam 15mg 1 po qhs #30 refill x2 is not medically necessary.

Flurbiprofen F-20 Topical Analgesic 1-2 grams 4 x a day 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for Topical Flurbiprofen F-20 Topical Analgesic 1-2 grams 4x a day #240gm, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical Flurbiprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical Flurbiprofen Is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Topical Flurbiprofen F-20 Topical Analgesic 1-2 grams 4x a day #240gm is not medically necessary.