

Case Number:	CM14-0143316		
Date Assigned:	09/10/2014	Date of Injury:	02/01/2008
Decision Date:	11/05/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/04/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 with reported date of injury on 02/01/2008. The mechanism of injury was not provided within the documentation. The injured worker was diagnosed with pain in the forearm, cervicalgia, and pain in the shoulder. Previous treatment included medications. The clinical note dated 05/08/2014 noted the injured worker complained of continued neck stiffness and increased muscle spasms with more physical activity. The injured worker's medication regimen included Colace 250mg daily, Naprosyn 500mg 2 times a day and soma 350mg at bedtime. The treatment plan included recommendations to continue medications. There was no rationale to support continued use of the requested medications. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, #30 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

Decision rationale: The request for Carisoprodol 350mg is not medically necessary. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Per the documentation the injured worker has spasms upon physical examination. The injured worker has been prescribed Soma since at least 05/2014; continued use of Soma would exceed the guideline recommendation for a short course of treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Docusate Sodium 250mg, #30 no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colace <http://www.pdr.net/drug-summary/colace-capsules>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77. Decision based on Non-MTUS Citation Medication induced constipation

Decision rationale: The request for Docusate Sodium 250mg is not medically necessary. The California MTUS guidelines note during the initiation of opioid therapy, prophylactic treatment of constipation should be initiated. There is a lack of documentation which indicates the injured worker has reported complaints of significant constipation. There is no indication that the injured worker is prescribed opioid medications for which prophylactic treatment is recommended. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, Docusate sodium 250mg #30 is not medically necessary.