

<b>Case Number:</b>	CM14-0037788		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Medicine 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 55 year old female injured on 12/03/13 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Current diagnoses include plantar fasciitis and lumbar spine strain. Clinical documentation indicates the injured worker reports pain and loss of function of the lumbar spine. Physical examination revealed tenderness and loss of motion. Plan of care includes prescriptions for Tylenol #3, Carisoprodol 350mg, and Naproxen 550mg. There is no additional documentation provided for review. The initial request for Acetaminophen - Codeine #3 tablet #40 with 3 refills, Carisoprodol 350mg #40 with 3 refills, and Naproxen sodium 550mg #40 with 3 refills was initially non-certified on 03/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acetaminophen - COD #3 Tablet #40 with 3 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 Criteria for Use of Opioids, page(s) 77 Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There are no documented visual analog scale pain scores for this injured worker with or without medications to establish the need for narcotic medications. Additionally, the lack of clinical documentation to limits the ability to substantiate the prescribing of narcotic medications. As such, the medical necessity of Acetaminophen - COD #3 Tablet #40 with 3 refills cannot be established at this time.

**Carisoprodol 350mg #40 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Carisoprodol, page(s) 65 Page(s): 65.

**Decision rationale:** As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. There is no discussion in the documentation regarding symptoms necessity the initiation or continuation of this medication. As such, the request for Carisoprodol 350mg #40 with 3 refills cannot be recommended as medically necessary at this time.

**Naproxen sodium 550mg #40 with 3 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 9792.20, NSAIDs, specific drug list & adverse effects, page(s) 70 Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Naproxen sodium 550mg #40 with 3 refills cannot be established as medically necessary.