

Case Number:	CM14-0038918		
Date Assigned:	06/27/2014	Date of Injury:	09/29/2000
Decision Date:	08/15/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/02/2014

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 Nevada. 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 54-year-old female who was reportedly injured on September 29, 2000. The mechanism of injury was noted as a slip and fall type event. The most recent progress note dated May 2, 2014, indicated that there were ongoing complaints of back, bilateral knee and bilateral upper extremity pains. The physical examination demonstrated a well healed surgical scar at the wrist, a slight decrease in wrist range of motion, decreased lumbar spine range of motion and tenderness over the medial and lateral joint lines bilaterally of the knees. Diagnostic imaging studies were not reviewed. Previous treatment included physical therapy, multiple medications, carpal tunnel release surgery and conservative care addressing low back issues. A request was made for multiple medications and was not certified in the pre-authorization process on March 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol (Soma) 350mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): page 29 of 127.

Decision rationale: When noting the date of injury, the reported mechanism of injury, the findings on physical examination and by the parameters outlined in the California Medical Treatment Utilization Schedule, this medication is not indicated for long-term use. There was no narrative presented indicating why this medication was being prescribed. As such, the medical necessity of this preparation has not been established. The request is not medically necessary.

Ketoprofen 75mg #90 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72 of 127.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, non-steroidal medications are traditionally the first line of treatment, but there has to be noted efficacy to continue this indefinitely. There were ongoing complaints of low back pain, bilateral knee pains and the wrist has been surgically treated. Based on the clinical narrative presented for review, there was no reference to the continued use this medication. As such, the request is not medically necessary.

Hydrocodone (Norco) 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 of 127.

Decision rationale: This medication is indicated for the short-term management of moderate to severe breakthrough pain. It was noted that a recent surgical intervention for carpal tunnel syndrome has been completed. There were ongoing complaints of low back pain, and there was no data to suggest that there was a significant pain generator other than a soft tissue myofascial strain (when considering the reported mechanism of injury). Therefore, based on the limited clinical information presented for review, the request is not medically necessary.

Aspirin 325mg #30 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 of 127.

Decision rationale: When noting the date of injury, the injury sustained, taking into account that there was no notation in a recent progress note of why this medication was being prescribed

for 2 years and given that the injured employee was not using this medication and has a pain or analgesics present. There is no clinical indication for the indefinite use of this medication, based on records presented for review. Therefore, the request is not medically necessary.

Relafen 500mg #60 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72 of 127.

Decision rationale: This is a non-steroidal anti-inflammatory medication indicated for inflammatory process. There was no clinical data presented in the progress notes reviewed suggesting inflammatory processes in place. There were ongoing complaints of low back pain, that had not been determined, that this was a myofascial or osteoarthritic for acute lesion. Therefore, based on the incomplete clinical information presented for review, the request is not medically necessary.