

Case Number:	CM14-0049869		
Date Assigned:	07/07/2014	Date of Injury:	04/25/2006
Decision Date:	08/25/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine 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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 25, 2006. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; an H-wave device; epidural steroid injection therapy; a TENS unit; muscle relaxant; and extensive periods of time off of work. In a Utilization Review Report dated April 11, 2014, the claims administrator denied a request for carisoprodol, approved a request for BuTrans, and denied a request for Naprosyn. The patient's attorney subsequently appealed. In a progress note dated February 6, 2011, the patient presented with chronic low back issue. The patient had been laid off by his former employer and was no longer working, it was acknowledged. Tramadol, Soma, and Naprosyn were endorsed on this date. In a handwritten progress note dated March 20, 2014, the patient's treating provider sought authorization for carisoprodol, Naprosyn, and injection of Toradol. The progress note of the same date, March 20, 2014, was handwritten, not entirely eligible, and extremely difficult to follow. It was seemingly suggested that the patient was off of work, and was reporting ongoing, constant 9/10 low back pain radiating into the left leg. A typewritten progress report of the same date, March 20, 2014, was also notable for ongoing complaints of moderate-to-severe low back pain radiating into the left leg. The patient is asked to start BuTrans while continuing carisoprodol and Naprosyn. The patient's work status was reported incongruously, some sections of report suggested that the patient was not working with permanent limitations in place while other sections of the report suggested that the patient was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 PRESCRIPTIONS OF CARISOPRODOL 350MG #30: Upheld

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

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using BuTrans, an opioid agent. Adding and/or continuing carisoprodol along with BuTrans is not indicated. Therefore, the request is not medically necessary.

3 PRESCRIPTIONS OF NAPROXEN SODIUM 550MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 22, Anti-inflammatory Medications topic.2. MTUS 9792.20f.3. MTUS page 7. Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no such mention or discussion of medication efficacy. The applicant is off of work. The applicant's pain complaints are seemingly heightened, 8-9/10 range, or greater, despite ongoing usage of Naprosyn. The applicant is not working with permanent limitations in place. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.