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| Case Number: | CM14-0074224 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 03/02/2012 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 05/12/2014 |
| Priority: | Standard | Application Received: | 05/21/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 64 year old female who was injured on 3/2/2012. The diagnoses are neck pain, migraine headache and muscle spasm. The patient had received several series of trigger points injections to treat the pain in the cervical paraspinal muscles. On 4/30/2014, [REDACTED] / [REDACTED] noted subjective complaints of increased pain due to the non-certification of the medications. There were objective findings of tender cervical muscle spasm and stiffness. The medications were tramadol and diclofenac for pain, carisoprodol for muscle spasm, Imitrex for migraine and omeprazole for the prevention and treatment of NSAIDs induced gastritis. It is unclear which medications are current because of many were said to have been discontinued due to non-certification by insurance carrier. A Utilization Review determination was rendered on 5/13/2014 recommending non certifications for carisoprodol Qualities 350mg #60 and Diclofenac Sodium ER 200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Qualitest 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128, Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Pages Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of muscle relaxants in the treatment of muscle spasm associated with chronic pain. It is recommended that only non-sedating muscle relaxants be utilized when necessary for short periods during exacerbations of symptoms that are non-responsive to standard treatment with NSAIDs, physical therapy and exercise. The use of sedative muscle relaxants should be limited to less than 4 weeks to minimize the risks of dependency, sedation, addiction and adverse drug interactions with other sedatives. Carisoprodol is a centrally acting muscle relaxant whose primary metabolite is meprobamate - a barbiturate like sedative with addictive properties. The record indicates that the patient has been utilizing carisoprodol for prolonged periods. The efficacy of muscle relaxants has been noted to decrease over time. The patient has subjective and objective findings of worsening painful muscle spasm despite chronic treatment with carisoprodol and trigger point injections due to discontinuation of pain medications. The criteria for chronic use of Carisoprodol Qualites 350mg #60 was not met.

Diclofenac Sodium ER 200mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest periods during acute injury and exacerbation or flare-ups of musculoskeletal pain. The records indicate that the patient is suffering from frequent exacerbations of chronic pain since the non-certifications of the pain medications. The pain which had been previously controlled by medications has not responded to multiple trigger point injections. The criteria for the utilization of Diclofenac Sodium ER 200mg #60 was met. Utilization of Diclofenac will require resumption of prophylactic use of omeprazole for the prevention of NSAIDs-induced gastritis.