

Case Number:	CM14-0076975		
Date Assigned:	07/18/2014	Date of Injury:	03/29/2011
Decision Date:	08/28/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/27/2014

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 records presented for review indicate that this 57 year-old female was reportedly injured on March 29, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 26, 2014 indicates that there are ongoing complaints of low back pain. The pain is described 8/10. The physical examination demonstrated a well groomed, well-nourished individual in no acute distress. There are no signs of intoxication or withdrawal. Lumbar spine range of motion is markedly reduced, and leg raising is reported to be positive on the right. Motor function is 5/5 and sensory is intact. Diagnostic imaging studies objectified not reviewed. Previous treatment includes multiple medications, various bracing, and pain management intervention. A request had been made for carisoprodol and was not certified in the pre-authorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 03/20/14 Range of motion (ROM) muscle testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Range of motion and muscle testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, 99.

Decision rationale: When considering the date of injury, the injury sustained, the current physical examination findings there is nothing to be gained in terms of events and the diagnosis, altering the treatment plan, or establishing the current clinical situation with this testing. The physical examination notes lower extremity motor function is 4/5. Therefore, it is unclear this testing will add to the clinical picture. As outlined in the MTUS, physical medicine is recommended; however the assessment has not been completed. Therefore, the medical necessity for this testing has not been established.

Retrospective DOS: 03/20/14 Carisoprodol 350mg, #30: Upheld

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

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

Decision rationale: The MTUS specifically recommends against the use of Soma (carisoprodol) and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, (the lack of any noted efficacy or clinical indication for this preparation) the clinician does not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the MTUS against the use of this medication, this medication is not medically necessary.

Retrospective DOS: 03/20/14 Mentoderm Gel 120mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines methylsalicylate Page(s): 105.

Decision rationale: As outlined in the MTUS, this is a topical analgesic with the active ingredient of methyl salicylate and menthol. Topical preparations are noted to be largely experimental and there is no significant clinical trials noted that would support the use of this medication. Furthermore, when noting the ongoing complaints of pain, the physical examination reported the most recent progress note, there does not appear to be any efficacy with the utilization of this preparation. As such, the medical necessity for continued use has not been established.

Retrospective DOS: 03/20/14 Pantoprazole Sodium 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: This medication (a.k.a. Protonix) is a protein pump inhibitor useful for the treatment of gastroesophageal reflux disease. This medication can also be considered a protectorate against certain medications. The progress notes presented for review do not indicate

any complaints of abdominal discomfort or gastrointestinal distress or that such a protectorate is needed. Therefore, with no clinical indication in the finding a physical examination the medical necessity of this preparation has not been established.

Retrospective DOS: 03/20/14 Quazepam 15mg, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated July, 2014.

Decision rationale: This medication is a benzodiazepine sleep hypnotic. As outlined in the ODG (MTUS & ACOEM do not address) this medication is not indicated for long-term use. Tolerance is noted to be somewhat problematic. Therefore, based on the literature there is no clear clinical indication for the chronic use of this medication. Medical necessity is not established.