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| Case Number: | CM14-0083715 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 11/29/2013 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 06/05/2014 |

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 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 records presented for review indicate that this 22-year-old female was reportedly injured on November 29, 2013. The mechanism of injury is noted as having her arms tied behind her back. The most recent progress note, dated March 19, 2014, indicates that there were ongoing complaints of cervical spine pain. The physical examination demonstrated tenderness of the cervical spine paravertebral muscles with spasms. There was decreased cervical spine range of motion and a normal upper extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for carisoprodol and naproxen sodium and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol, 350 mg, #60, Refills: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

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

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second-line option for the short-term treatment of acute exacerbations of chronic low back pain. Also, The California MTUS specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. A review of the medical record indicates that this medication has been prescribed for a prolonged period of time and does not indicate that there are exacerbations of pain. As such, this request for Carisoprodol/Soma is not medically necessary.

Naproxen Sodium, 550 mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Naproxen sodium is a nonselective, non-steroidal, anti-inflammatory medication which has some indication for chronic low back pain. When noting the injured employees diagnosis and signs/symptoms, there is a clinical indication for the use of this medication as noted in the applicable guidelines. The request for Naproxen Sodium is medically necessary.