

Case Number:	CM14-0209571		
Date Assigned:	12/22/2014	Date of Injury:	04/29/1996
Decision Date:	02/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 63 year-old male with a 4/29/1996 date of injury. According to the 8/27/14 occupational medicine report, the patient is in for follow-up for recurrent neck pain. The chief complaints are in both hands; shoulders; neck and back. Physical examination shows tenderness in the neck with limited range of motion. Tenderness on paraspinals down to the right SI joint. The diagnosis is cervicalgia. His work status is regular duty. The physician prescribes Robaxin 750mg tid, #90 with 1 refill; Soma 350mg qhs, #30 with 1 refill; Glucosamine Tri-Strength, #180 bid and provides a Toradol injection. The medical report dated 9/12/14 shows identical exam findings and treatment plan. Neither of the reports provide a pain assessment or discuss efficacy of the medications or toradol injections. On 12/01/2014 utilization review denied: (1) use of Robaxin tab 750mg, as the reporting did not show objective findings, and the frequency, and quantity were not known. (2) use of glucosamine tri-strength because there was no evidence of osteoarthritis on exam; (3) use of Soma 350mg because MTUS states it is not recommended; (4) Toradol injection (Glut area) because MTUS states Toradol is not indicated for minor or chronic pain. The patient provided a letter dated 12/09/2014, stating he has been offered money to settle his case, but declines because the medical care helps. The patients believes his physician did not explain the benefits of the treatment on his reports, and made a follow-up appointment to discuss this, but it was scheduled for 1/7/15. The patient states the glucosamine does help with flexibility of the neck. The toradol injection was the first, and it eliminated the pain. The Soma and Robaxin help for flare ups of severe muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg (unspecified amount): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 50,63,72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The available reports show that the patient was first prescribed Robaxin on 8/27/14. The prescription was for Robaxin 750mg 3 times a day, #90. He was scheduled for follow-up in a month or two, but the physician provided another report 2-weeks later on 9/14/14 with identical findings and treatment recommendations including another toradol injection. The patient provided a letter dated 12/9/14 and states he one toradol injection for the severe flare-up and that it eliminated the pain. He states the muscle spasms were intolerable and that he would have went to the ER if he did not get in to his physician. He states the Robaxin and Soma helped with the flare-up of cervical paraspinal spasms. MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66, Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The patient experienced a severe flare up of the chronic neck pain and spasms despite using Soma 350mg, 1 at night. The physician prescribed Robaxin in accordance with MTUS guidelines for treatment of acute exacerbations of chronic pain. The request for Robaxin Tab, 750mg, IS medically necessary.

Glucosamine Tri-Strength (unspecified amount): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 50,63,72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, MSM Page(s): 50,63,37-38.

Decision rationale: Glucosamine Tri-strength is a compounded product with glucosamine, chondroitin and MSM. It is not known whether the glucosamine is in the glucosamine sulfate form or in glucosamine hydrochloride form. MTUS Chronic Pain Medical Treatment Guidelines, page 50 recommends glucosamine sulfate, and chondroin sulfate but not glucosamine hydrochloride. MTUS Chronic Pain Medical Treatment Guidelines for MSM, page 63 refers readers to the CRPS medications, DMSO. MTUS Chronic Pain Medical Treatment Guidelines, pages 37-38 CRPS medications states these are only indicated for regional inflammatory reaction. The patient does not have CRPS or a regional inflammatory reaction, so the MSM component of the compound is not indicated. Since the MSM component of the compound is not recommended, the whole compound cannot be recommended in accordance with the MTUS guidelines. The request for Glucosamine Tri-strength, bid IS NOT medically necessary.

Soma 350mg (unspecified amount): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 50,63,72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The records indicate the patient has been taking Soma 350mg, 1 QHS, and received a refill prescription on 8/27/14 for another 30 days. There is no reporting of functional improvement from the physician, but the patient's letter states it helps with the Robaxin for muscle spasms. The available records suggest the patient was taking Soma, but still had the flare-up that required the addition of Robaxin. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. The records show that the patient has been using Soma 350mg, 1 at night for over 3 weeks, and the physician has refilled another 4-week supply. The request exceeds the MTUS recommendations. The request for Soma tab 350mg IS NOT medically necessary.

Toradol Injection (glut area): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 50,63,72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation Pain chapter, Toradol

Decision rationale: The records show the patient received a Toradol injection on 8/27/14. The physician did not provide a rationale, nor describe efficacy. According to the 12/9/14 patient's letter, the injection was for a severe exacerbation of neck pain and spasms that he could barely tolerate. He states he was going to go to the ER, but the Toradol injection eliminated the pain. He states this was the first time he's had a Toradol injection. MTUS pg 72 states Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. MTUS does not discuss Toradol injections specifically, so ODG guidelines were consulted. ODG guidelines, Pain chapter on Toradol states: Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. The patient had a severe exacerbation of neck pain. The physician provided Toradol IM in accordance with the ODG guidelines. The request for Toradol injection (Glut area) IS medically necessary.