MAXIMUS Federal Services

Case Number:	CM15-0166829		
Date Assigned:	09/04/2015	Date of Injury:	11/02/2013
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 injured worker is a 34 year old female, who sustained an industrial injury on November 2, 2013. She reported back pain, headaches and ankle pain. Treatment to date has included psychiatric care, medications, MRI, CT scan, electrodiagnostic study, lumbar epidural steroid injections, Botox injections, physical therapy, acupuncture, restorative yoga (home based), TENS unit and toxicology screen. Currently, the injured worker complains of an increase in headaches occurring daily that last from four hours to all day long. She reports neck pain that radiates into her bilateral arms, as well as tremors and pain in both of her arms and hands. She reports mid back pain that radiates from her low back into both of her legs and feet (left greater than right) accompanied by numbness and tingling in her legs and arms. Her pain is rated at 6-9 on 10 and is described as throbbing, shooting, aching, tingling, burning and numb. She reports the pain interferes with her ability to function and engage in activities of daily living by 80%. The injured worker is currently diagnosed with migraines, cervical spondylosis, degenerative disc disease, upper extremity radiculopathy, lumbar spondylosis, lumbar degenerative disc disease with disc desiccation and herniation at L4-L5 and L5-S1. Her work status is temporary total disability. A progress note dated July 17, 2015 states the injured worker experienced a 50% relief in pain from the epidural steroid injection that lasted for greater than six weeks. The note further states the injured worker has experienced therapeutic failure to Neurontin, Midrin, beta-blockers and Excedrin Migraine. She is unable to take triptans due to her current medication regimen, per note dated July 17, 2015. The note further states Botox injections were successful in decreasing her migraine frequency by 50% and duration 30 to 60 minutes. The note continues

to states the injured worker received some benefit from acupuncture treatment, significant relief from restorative yoga and efficacy from the TENS unit. The medications, Carisoprodol 350 mg #30 and Tylenol 4 #60 are requested to continue to provide the injured worker with pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #30: Upheld

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

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

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The records fail to document any improvement in pain or functional status specifically related to muscle relaxants or a discussion of side effects to justify use. The medical necessity of Carisoprodol is not substantiated in the records. Therefore, the request is not medically necessary.

Tylenol #4 qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The records fail to document any significant improvement in pain or functional status specifically related to opioids or a discussion of side effects to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Tylenol #4 is not substantiated in the records. Therefore, the request is not medically necessary.