

Case Number:	CM15-0192387		
Date Assigned:	10/06/2015	Date of Injury:	12/23/2014
Decision Date:	11/12/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old male who sustained an industrial injury on December 23, 2014. Consulting follow up dated May 07, 2015 reported discontinuing Tizanidine and started Elavil at bedtime. On March 19, 2015, the worker received trigger point injections to the left rhomboid and left levator scapulae. Consulting follow up dated June 04, 2015 reported continuing Elavil with possible increase at follow up. At pain management follow up in July 2015 the Elavil was stopped due to drowsiness. There is also discussion regarding only attending 4 session of physical therapy with mention of getting the remaining sessions reinstated. He described his pain as "ongoing pain as an aching exacerbated with overhead arm use and also exacerbated at night." The assessment noted the worker with myofascial left upper back cervical pain. Neurontin noted initiated this visit. Pain follow up dated August 06, 2015 reported discontinuing Neurontin due to drowsiness. Celebrex noted started and prescribed soma. He is to continue with physical therapy session. On August 21, 2015 a request was made for Celebrex, and Soma that was noted modifying the Celebrex and non-certifying the Soma on August 31, 2015 by utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg (no quantity requested): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in December 2014 as the result of a motor vehicle accident and continues to be treated for a cervical and rhomboid strain. In March 2015, medications included tizanidine. He had improved and felt able to go back to driving. Trigger point injections were performed. In May 2015, he was receiving physical therapy. Tizanidine was minimally helping with muscle spasms and he was having side effects. It was discontinued. When seen, he was having an acute exacerbation of pain. There had been no improvement with Neurontin. Prior medications had included Motrin with gastric upset, although there had been pain relief. Physical examination findings included mild medial scapular winging. There was pain into the scapular region with Spurling's testing. Celebrex 100 mg twice per day with food and Soma were prescribed. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, there is a history of intolerance to nonselective oral NSAID medication, although there had been benefit from its use. Guidelines recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib) in this clinical scenario. The dose prescribed is consistent with that recommended. The request was medically necessary.

Soma 350mg (no quantity requested): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: The claimant sustained a work injury in December 2014 as the result of a motor vehicle accident and continues to be treated for a cervical and rhomboid strain. In March 2015, medications included tizanidine. He had improved and felt able to go back to driving. Trigger point injections were performed. In May 2015, he was receiving physical therapy. Tizanidine was minimally helping with muscle spasms and he was having side effects. It was discontinued. When seen, he was having an acute exacerbation of pain. There had been no improvement with Neurontin. Prior medications had included Motrin with gastric upset, although there had been pain relief. Physical examination findings included mild medial scapular winging. There was pain into the scapular region with Spurling's testing. Celebrex 100 mg twice per day with food and Soma were prescribed. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.