

Case Number:	CM15-0055473		
Date Assigned:	03/30/2015	Date of Injury:	09/07/2011
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female who sustained an industrial injury on 09/07/2011. She reported lower neck pain. The injured worker was diagnosed as having C5-6 disc herniations with evidence of left upper extremity radiculopathy. Treatment to date has included MRI, epidural steroid injection, trigger point injections, electrodiagnostic testing and medications. According to a partially legible handwritten progress report dated 03/02/2015, the injured worker presented with pain that was rated 8-10 on a scale of 1-10 with numbness and tingling. Diagnoses included sprain of neck, sprain of back not otherwise specified and cervical disc degeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with neck pain. The request is for NAPROXEN 550MG #60. There is no RFA provided and the date of injury is 09/07/11. Per 03/02/15 treater report, the patient has a diagnoses of sprain of neck, sprain of back not otherwise specified and cervical disc degeneration. Physical examination to the cervical spine revealed tenderness to palpation. Decreased range of motion, especially on extension, 20 degrees. Patient's medications include Carisoprodol, Naproxen, Lidoderm 5% and Tizanidine. The patient is working full duty, per 12/08/14 report. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. In this case, a prescription for Naproxen is first noted in progress report dated 01/27/14. With the use of medications, there is documentation that the patient has returned to work. Given the patient's chronic pain, and benefit from use of oral NSAIDs, the request for Naproxen IS medically necessary.

Carisoprodol 350mg #30: Upheld

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

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

Decision rationale: The patient presents with neck pain. The request is for CARISOPRODOL 350MG #30. There is no RFA provided and the date of injury is 09/07/11. Per 03/02/15 treater report, the patient has a diagnoses of sprain of neck, sprain of back not otherwise specified and cervical disc degeneration. Physical examination to the cervical spine revealed tenderness to palpation. Decreased range of motion, especially on extension, 20 degrees. Patient's medications include Carisoprodol, Naproxen, Lidoderm 5% and Tizanidine. The patient is working full duty, per 12/08/14 report. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The request IS / IS NOT medically necessary. Treater has not provided a reason for request. MTUS recommends Soma only for a short period. Soma was first prescribed to the patient per treater report 01/27/14 and then again on the 06/11/14 report. The urine toxicology administered 12/08/14 was consistent with prescribed medications. MTUS recommends the use of Soma for no longer than 2-3 weeks. The request is not within MTUS guidelines and therefore, IS NOT medically necessary.

