

Case Number:	CM14-0123907		
Date Assigned:	08/08/2014	Date of Injury:	07/29/2010
Decision Date:	10/08/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 57-year-old female who reported an injury on 07/29/2010 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included physical therapy, diagnostic studies to include MRIs and x-rays, multiple medications, epidural steroid injections, and activity modifications. The injured worker was monitored for aberrant behavior with urine drug screens. The most recent clinical documentation submitted for review was dated 05/07/2014. It was documented that the injured worker had low back pain radiating into the right lower extremity, with worsening complaints of right carpal tunnel syndrome. The injured worker had limited range of motion of the cervical spine with tenderness to palpation of C2-7 and limited range of motion of the lumbar spine secondary to pain. The injured worker's diagnoses included neck pain, cervical spine disc disease, cervical sprain/strain, thoracic sprain/strain, thoracic pain, low back pain, ruptured herniation of a lumbar disc, lumbar sprain/strain, lumbar disc bulge with radiculitis, sprain/strain of the wrist/hand/fingers, sprain/strain of the knee or leg, carpal tunnel syndrome, and shorter rotator cuff tears bilaterally. A request was made for refill of medications; however, no justification for the request was provided. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 80.

Decision rationale: The requested Relafen 500mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends that medications used in the management of chronic pain be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of pain relief or increased functionality related to medication usage. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Relafen 500mg #60 is not medically necessary or appropriate.

Soma 350mg po GHS frSz #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Soma 350mg po GHS frSz #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of pain by muscle relaxants. Long term use is not recommended. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be supported. Furthermore, the clinical documentation does not clearly address pain relief or increased functionality related to medication usage. Also, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Soma 350mg po GHS frSz #30 is not medically necessary or appropriate.