

Case Number:	CM14-0143591		
Date Assigned:	09/12/2014	Date of Injury:	08/06/2007
Decision Date:	10/29/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/04/2014

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 Emergency Medicine and is licensed to practice in California. 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:

This is a patient with reported date of injury on 8/6/2007. The mechanism of injury is described as a heavy object landing on head while at work. The patient has a diagnosis of acute of chronic cervicgia and C5-6 and C6-7 degenerative disk disease. The patient also has documented chronic pain syndrome and depression. Medical reports reviewed. The patient complains of neck pain and stiffness exacerbation after "a TV antenna fell on her". Objective exam reveals paraspinal pain to neck with normal range of motion. Normal strength to arm and legs. Cervical Spine X-ray (8/11/14) reveals degenerative changes to C5-6 and C6-7. No other imaging or diagnostic reports were provided for review. Most recent medication list was from 6/29/2014 which list Norco, Trazodone, Colace, Flexeril, Ranitidine, Effexor and Wellbutrin. Seroquel appears to have been approved. The patient is reportedly undergoing physical therapy. Independent Medical Review is for Etodolac 400mg #60 and Carisoprodol 250mg #40. Prior UR on 8/22/14 recommended non-certification. It approved Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac Tab 400mg Day Supply: 30 QTY: 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-68.

Decision rationale: Etodolac or Lodine is a Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain guidelines, NSAIDs is recommended for short term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic low back pains but recommendations are for low dose and short course only. There are significant side effects if used chronically. The patient has an exacerbation of her chronic pain after a TV antenna reportedly fell on her. There is no documentation that patient is chronically on an NSAID. 1 month use of Etodolac is appropriate. Etodolac is medically necessary.

Carisoprodol 250mg Day Supply: 10 QTY: 40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol (Soma) Page(s): 29.

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. There is no documented actual muscle spasm. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.