

Case Number:	CM14-0091504		
Date Assigned:	07/25/2014	Date of Injury:	06/17/1997
Decision Date:	09/03/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 male who reported an injury on 06/17/1997 due to an unknown mechanism. Diagnoses were cervical sprain/strain, intervertebral disc disorder, lumbosacral radiculopathy, and knees tendonitis/bursitis. Past treatment reported was electrical stimulation unit. Past surgery history of status post left knee surgery. Diagnostic studies and surgical history were not reported. The injured worker had a physical examination on 07/15/2014 with complaints of chronic pain in the cervical and lumbar spine. Pain level was stated as 6/10 without medications. Examination revealed the injured worker ambulated with a cane for balance. There was spasm and tenderness observed in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion on flexion and extension. Discomfort was noted on flexion and extension of the left knee against gravity. Medications were Tylenol #3, Soma 350mg and Flector Patches. The treatment plan was for home exercises to prevent further decrease of range of motion and to continue medications as directed. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, and 72.

Decision rationale: The request for Relafen 750 mg quantity 100 is not medically necessary. The California Medical Treatment Utilization Schedule states non-steroidal anti-inflammatory drugs are for the use of osteoarthritis (including knee and hip) and are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAID's appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAID's and is a class effect (with Naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. NSAID's for chronic low back pain are recommended as an option for short-term symptomatic relief. For the treatment of neuropathic pain, there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The guidelines state that Relafen is to be used for osteoarthritis. Past conservative treatment modalities were not submitted. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications.

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

Decision rationale: The request for Soma 350 mg quantity 60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported and the request for Soma 350 mg is not medically necessary.