

Case Number:	CM15-0101034		
Date Assigned:	06/03/2015	Date of Injury:	08/02/2008
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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: Preventive Medicine, Occupational Medicine

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 43-year-old woman sustained an industrial injury on 8/2/2008. The mechanism of injury is not detailed. Diagnoses include inflammatory myositis, shoulder joint pain, hip joint pain, lumbago, cervical degenerative disc disease, herniated cervical disc, cervicalgia, and thoracic pain. Treatment has included oral medications. Physician notes dated 4/13/2015 show complaints of back and shoulder pain. The worker gives pain ratings of 5-7/10 with medications and 9-10/10 without medications. Recommendations include extension of massage therapy, cardiologist consultation, Xanax, psychiatric evaluation, MS Contin ER, Carisoprodol, Celebrex, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 milligrams #90 with 2 refills prescribed 4/13/15: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. It is considered a second-line agent. The injured worker has been taking Soma for an extended period. There is no evidence that a first-line agent has been attempted with the injured worker. Additionally, there is no objective evidence of spasm on examination. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms with chronic use. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for Soma 350 milligrams #90 with 2 refills prescribed 4/13/15 is determined to not be medically necessary.

Celebrex 200 milligrams #30 with 2 refills prescribed 4/13/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Section, NSAIDs, Specific Drug List and Adverse -Effects Section Page(s): 22, 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Per the MTUS Guidelines, the use of selective COX-2 NSAIDs such as Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylosis. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The request for Celebrex 200 milligrams #30 with 2 refills prescribed 4/13/15 is determined to not be medically necessary.