

Case Number:	CM15-0018744		
Date Assigned:	02/06/2015	Date of Injury:	06/20/2013
Decision Date:	03/31/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36-year-old female who reported an injury on 06/20/2013. The mechanism of injury involved repetitive activity. The current diagnoses include cervical degenerative disc disease with radiculopathy, carpal tunnel syndrome, cervicogenic headaches, cervical herniated nucleus pulposus, impingement syndrome, depression, weakness and increased anxiety and fatigue secondary to pain. The injured worker presented on 01/16/2015 for a followup evaluation. The injured worker reported persistent cervical pain radiating into the bilateral upper extremities, as well as thoracic pain and upper extremity weakness. The injured worker reported a relief of symptoms with the current medication regimen, physical therapy, and massage therapy. Upon examination, there was evidence of 30 degree forward flexion of the cervical spine, 30 degree extension, 20 degree right rotation, 15 degree left rotation, 10 to 15 degree side bending, diminished sensation at the C5 and C6 dermatomal distributions, myofascial trigger points, tenderness over the occipital nerves bilaterally, pain with palpation along the bicipital groove and rotator cuff, diminished grip strength on the left, and 5/5 motor strength in the bilateral lower extremities. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol); Muscle relaxants (for pain); Weaning of Medic.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. In this case, it was noted that the injured worker had multiple myofascial trigger points upon examination. However, the California MTUS Guidelines do not recommend long term use of muscle relaxants. There was no frequency listed in the request. As such, the request is not medically appropriate.

1 prescription of Duexis 800/26.6 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen; NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Duexis (ibuprofen & famotidine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in injured workers with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There was no indication that this injured worker was suffering from an acute exacerbation of chronic pain. The medical necessity for a combination medication has not been established in this case. Additionally, there was no frequency listed in the request. Given the above, the request is not medically appropriate.