MAXIMUS Federal Services

Case Number:	CM15-0123782		
Date Assigned:	07/08/2015	Date of Injury:	10/08/2011
Decision Date:	08/04/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 39 year old female, who sustained an industrial injury on 10/8/11. Initial complaints were of her neck and upper extremities. The injured worker was diagnosed as having; brachial neuritis/radiculitis other; spinal stenosis in the cervical region; cervical myofascial syndrome. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI cervical spine (11/2011; 11/5/13); EMG/NCV study upper extremities (11/2011). Currently, the PR-2 notes dated 5/27/15 indicated the injured worker complains of cervical spine symptoms. The provider documents the location of her pain is at the CT junction bilaterally with the left greater than the rights. The pain radiates to the inferiorly into the interscapular area on the right and superiorly to the cervicooccipital area on the right and laterally the pain radiates into the left upper extremity with lateral bend to the left. The quality of her pain is described as aching, stabbing, burning, pulling, tingling with tightness and constant. It is rated as 3/10 and when worse 8/10 causing sleeplessness. Aggravating factors are prolonged positioning of the cervical spine with downward, upward gazing or repetitive activities. Medications, ice, massage, TENS unit and the use of Botox injections alleviate the pain. The pain in this area causes headaches in the occipital and right frontal areas with headache pain severity at 6-8/10 that radiates to between the shoulders with the rights 60% and left 40% of the pain. She gets tingling and numbness down the left arm to the dorsal forearm and 3 radial digits. The provider's treatment plan included authorization of Celbrex 200mg #120 for date of service 5/27/15 and Soma 350mg #90 for date of service 5/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #120 DOS: 5/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

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

Decision rationale: This 39 year old female has complained of neck pain and upper extremity pain since date of injury 10/8/11. She has been treated with TENS, botox injections, physical therapy and medications to include NSAIDS since at least 01/2015. The current request is for Celebrex. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose and for a short (2-4 week) duration. Additionally, there has been no proven long-term effectiveness for the treatment of pain with NSAIDS. The current request is for continuation of treatment exceeding the recommended treatment period for this medication and the request is also not based on the lowest dose possible. On the basis of the MTUS guidelines, Celebrex, 200 mg, is not indicated as medically necessary.

Soma 350mg #90 DOS: 5/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 65.

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

Decision rationale: This 39 year old female has complained of neck pain and upper extremity pain since date of injury 10/8/11. She has been treated with TENS, botox injections, physical therapy and medications to include Soma since at least 01/2015. The current request is for Soma. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary.