

Case Number:	CM15-0070454		
Date Assigned:	04/17/2015	Date of Injury:	01/02/2015
Decision Date:	05/27/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 1/2/2015. The current diagnoses are cervical sprain, lumbar sprain, and sprain/strains of wrist and hand. According to the progress report dated 3/5/2015, the injured worker complains of constant, sharp, and shooting pain in the neck with radiation to her shoulders. She has tingling in her neck and frequent headaches. She reports constant tightness and sharp pain in the mid-back associated with muscle spasms and numbness. She has intermittent pain in the low back with radiation to her hips. She complains of continuous right hand and finger pain, particularly in the small and ring finger. The pain is rated 10/10 on a subjective pain scale. The current medications are over-the-counter Aspirin. There were no previous treatments to date recorded in the medical records provided. The plan of care includes prescriptions for Naproxen, Omeprazole, and Carisoprodol, physical therapy, electrodiagnostic studies, and MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 #30 refill 2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. An initial physician review states that refills are not necessary given the need for physician monitoring of effectiveness. Physician monitoring of NSAID use and effectiveness based on patient instruction and telephone discussion is reasonable given the diagnoses and medications and medical history applicable in this case. The request is medically necessary.

Omeprazole Dr 20mg Capsule #30 refill 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Proton-pump inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication; the request is not medically necessary.

Carisoprodol 350mg #60: Upheld

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

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

Decision rationale: MTUS does not recommend use of Carisoprodol (Soma), particularly for long-term use or in combination with hydrocodone or other opioids. This medication has abuse potential for sedative and relaxant effects; abuse has also been noted in order to augment or alter effects of other drugs. MTUS recommends other first-line medications rather than Soma for pain or muscle spasm. The records do not provide an alternate rationale to support this request. This medication is not medically necessary.