

Case Number:	CM15-0071459		
Date Assigned:	04/21/2015	Date of Injury:	11/12/2011
Decision Date:	06/01/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 35 year old female with an industrial injury dated 03/31/2007-11/21/2011. Her diagnosis includes carpal tunnel syndrome right wrist, DeQuervains disease, bursitis of right shoulder, impingement syndrome of right shoulder, cervical spine sprain and radiculopathy. Prior treatments include medications, PT and steroid injections. He presents on with right shoulder and elbow pain. He also complained of a headache. The provider documented that marked pain persists in right shoulder with decreased range of motion. There was positive Phalen test, Finkstein test and sensory deficits. The most current review record is related to the request for authorization which is dated 02/26/2015. Treatment plan consisted of pain medications and muscle relaxants. The medications listed are ibuprofen, carisoprodol and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Carisoprodol 350mg, 1 tablet BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29, 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The use of carisoprodol is associated with a higher incidence of addiction because of the anesthetic like action of the active metabolite meprobamate. The criteria for the retrospective use of carisoprodol 350mg BID PRN #60 was not met. Therefore, the requested treatment is not medically necessary.

Retrospective request for Tylenol 3, 1 tablet BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.4.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, addiction, dependency, sedation and adverse interactions with other medications. The records did not show that patient failed treatment with NSAIDs and non opioid co-analgesic medications. There is no documentation of the guidelines required compliance monitoring of serial UDS, absence of aberrant behavior, CURES data reports and functional restoration. The criteria for the retrospective use of Tylenol #3 BID #60 was not met. Therefore, the requested treatment is not medically necessary.