

Case Number:	CM13-0015643		
Date Assigned:	03/12/2014	Date of Injury:	09/28/2012
Decision Date:	04/04/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 54 year-old female who was injured on 9/28/12 as a result of a work-related MVA. She has been diagnosed with pain in joints of multiple sites; cervicalgia; lumbago; and spasm of muscle. On 8/1/13 UR recommended against use of Duexis. The 8/1/13 report from [REDACTED] notes that UR modified a request for Soma to allow 20 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF DUEXIS 800MG, 1 TABLET BY MOUTH 3 TIMES A DAY, #90:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory, NSAIDs Page(s): 22, 68-69.

Decision rationale: The patient presents with neck and back pain The records show that on 4/9/13 the patient was taking Motrin and complained that it was causing GI issues. The patient is reported to be using both Duexis and ibuprofen on 5/7/13. MTUS guidelines. MTUS has support for antiinflammatory medications for lower back pain. Duexis is a compounded medication with

ibuprofen and famotidine, an H2-receptor antagonist. The patient was reported to have stomach upset from Motrin, and MTUS states: "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient would also be considered to be on high/multiple dose NSAIDs as she takes ibuprofen and Duexis. The use of Duexis appears to be in accordance with MTUS guidelines.

PRESCRIPTION OF SOMA 350MG, 1 TABLET BY MOUTH AT BEDTIME, #30:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Section, Muscle Relaxants Section,. Page(s): 29, 63-66.

Decision rationale: The patient presents with neck and back pain. The records show the patient had muscle spasms, and that Soma was first prescribed on 5/23/13, but apparently UR had modified the initial prescription to allow 20 tablets. The prescription was for Soma 350 mg 1 tablet at bedtime, #30. The prescription as written would be a 30-day supply. MTUS guidelines, for Soma, specifically state that it is not recommended for use over 3 weeks. The prescription of Soma for 30-days, will exceed the MTUS recommendations.