MAXIMUS Federal Services

| Case Number: | CM13-0040781 | | |
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| Date Assigned: | 06/09/2014 | Date of Injury: | 08/25/2000 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 10/17/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

## 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 Family Practice and is licensed to practice in Georgia and Texas. 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:

The injured worker is a 49-year-old male who reported an injury on 08/25/5/2000 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 03/03/2014, the injured worker was seen for a followup. It was noted that the injured worker was stable and was using medications as needed and was participating in a home exercise program. Prior treatments included physical therapy and prescribed pain medications. The patient's prescribed medication regimen included ibuprofen 800 mg as needed for mild pain, Soma 350 mg every day as needed for spasm and Vicodin 5 mg every day as needed for severe pain. The physical examination of the lumbar spine revealed a negative straight leg raise, a negative Faber with tenderness to paraspinal muscles. The motor strength was annotated as 4/5, deep tendon reflexes were at 2+ at patellar and Achilles and dorsolumbar spine showed flexion at 80 degrees, extension at 20 degrees and right and left bending at 30 degrees. The diagnosis included chronic low back pain with disc herniation. The treatment plan included a prescription for ibuprofen 800 mg every day as needed for mild pain with meals #30 with refills, Soma 350 mg everyday as needed for spasm #30 with refills, Vicodin 5 mg every day as needed for severe pain #30 with 3 refills and return to clinic as needed. The Request for Authorization for ibuprofen 800 mg #30 with 3 refills, Soma 350 mg #30 with 3 refills and Vicodin 5/325 mg #30 with 3 refills for the diagnosis of chronic low back pain with disc herniation was submitted on 03/03/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**IBUPROFEN 800MG #30 WITH THREE (3) REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The California MTUS Guidelines state that NSAIDS for chronic low back pain are recommended as an option for short term symptomatic relief. It is noted that NSAIDS were no more effective than other drugs such as acetaminophen, narcotic analgesics and muscle relaxants. It is also noted that NSAIDS have more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with the use of his prescribed pain medications. It is also indicated that the injured worker has been on ibuprofen 800 mg for an extended amount of time, since 10/2013, which exceeds the recommendation for short term use by the guidelines. Therefore, the request for ibuprofen 800 mg #30 with 3 refills is not medically necessary.

**VICODIN 5MG #30 WITH THREE (3) REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80 and 91.

**Decision rationale:** The California MTUS Guidelines state that opioids for chronic back pain appears to be efficacious but limited for short term pain relief and long term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to suggestion of reassessment and consideration of alternative therapy. Vicodin is indicated for moderate to moderately severe pain. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with or without the use of the pain medications. There is also a lack of documentation of the frequency for which the prescribed medication of Vicodin is to be taken. Furthermore, the guidelines suggest only a short term treatment for the use of opioids of which the request exceed with the prescribing of 3 refills. Therefore, the request for Vicodin 5 mg #30 with 3 refills is not medically necessary.

**SOMA 350MG #30 WITH THREE (3) REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), antispasmodics Page(s): 63-65.

**Decision rationale:** The California MTUS Guidelines state that muscle relaxants (for pain) are recommended with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, most low back pain cases, they show no benefit beyond NSAIDS in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDS. Soma is not recommended. This medication is not indicated for long term use. Abuse has been noted for sedative and relaxant effects. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with or without the use of prescribed medications. There is also a lack of documentation of which the frequency of Soma is to be taken. Furthermore, the guidelines do not recommend the use of Soma as it is not indicated for long term use. Therefore, the request for Soma 350 mg #30 with 3 refills is not medically necessary.