

<b>Case Number:</b>	CM13-0047467		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	05/13/2010
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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, 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 patient with a date of injury of 5/13/10. A utilization review determination dated 10/17/13 recommends non-certification of carisoprodol and ibuprofen. Butrans and gabapentin were certified. Multiple urine drug screens appear to be inconsistent given the presence of opioids and benzodiazepines not listed as being prescribed. 10/7/13 medical report identifies low back pain radiating to the right hip, neck pain radiating to the BUE, and bilateral hip pain. Pain is 6-7/10 with medications and 9/10 without. On exam, lumbar ROM is moderately reduced secondary to pain and vertebral tenderness is noted. Treatment plan included carisoprodol, gabapentin, ibuprofen, Butrans, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Regarding the request for carisoprodol, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line

option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is pain relief of 2-3 points on the VAS scale with medication use in general, but there is no identification of objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol is not medically necessary.

**Ibuprofen 800 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** Regarding the request for Ibuprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is pain relief of 2-3 points on the VAS scale with medication use in general, but there is no indication that ibuprofen is providing any specific objective functional improvement. In the absence of such documentation, the currently requested ibuprofen is not medically necessary.

**Butrans 5 MG #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

**Decision rationale:** Regarding the request for Butrans, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is pain relief of 2-3 points on the VAS scale with medication use in general, but there is no indication that the Butrans is improving the patient's function (in terms of specific examples of functional improvement). Additionally, multiple urine drug screens appear to be inconsistent given the presence of opioids and benzodiazepines not listed as being prescribed. As such, there is no clear indication for ongoing opioid use. Opioids should not be stopped abruptly, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Butrans is not medically necessary.