

Case Number:	CM14-0168958		
Date Assigned:	10/17/2014	Date of Injury:	03/01/2011
Decision Date:	11/19/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 45-year-old male who sustained an injury on 3/1/2011 while working as a painter for a school district. He eventually underwent a laminectomy and fusion of L5-S1 in July 2012. After the surgery his left leg pain resolved but he continued to have low back pain. He has a home exercise program that he follows. He works full time as a painter. He takes Ibuprofen before he goes to work and a combination of Norco and Soma when he gets home from work. He has been taking these medications off and on for over one year. A request is made to continue the prescriptions for Ibuprofen, Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2010 Revision, Web Edition, and on the Non-MTUS Official Disability Guidelines (ODG) Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: The Chronic Pain guidelines state that non-steroidal anti-inflammatory medication is recommended at the lowest dose for the shortest period in patients who have

moderate to severe pain. This patient takes 800mg of Ibuprofen twice a day which is less than the maximum therapeutic dose. It is more effective for chronic, moderate-to-severe pain than Acetaminophen. The patient has had no side effects with the medication and, most importantly, it allows him to work full time as a painter. This maintenance of his functional improvement and his ability to work with medication is extremely important. Therefore, the medical necessity of continuing with Ibuprofen has been established.

Soma 350mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2010 Revision, Web Edition, and on the Non-MTUS Official Disability Guidelines (ODG) Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Carisoprodol (Soma) Page(s): 63-66 and 29.

Decision rationale: The Chronic Pain guidelines cautiously recommend non-sedating muscle relaxants as a second-line option for short-term treatment of acute exacerbation in patients with chronic pain. Soma is not recommended for longer than 2-3 weeks. It has a potential for abuse. Withdrawal symptoms may occur with abrupt discontinuation. In some studies, it has been found to be no more efficacious than NSAIDs alone. Therefore, the medical necessity for continuing Soma has not been established.

Norco 10/325mg #90 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2010 Revision, Web Edition, and on the Non-MTUS Official Disability Guidelines (ODG) Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient has been taking Norco for over a year. With this medication he is able to work full time as a painter. According to the Chronic Pain guidelines, one of the reasons for continuing the use of opioids is if the patient has returned to work. This patient has returned to work full time. Therefore the medical necessity for continuing the use of Norco has been established.