

<b>Case Number:</b>	CM14-0033478		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Internal Medicine, Pulmonary Diseases, 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:

The patient is a 56-year-old male who reported an injury on 10/19/2012. The patient was reportedly injured while pulling a 300lb. fruit bin. The patient is currently diagnosed with chronic low back pain with lumbar radicular pain, lumbar degenerative disc disease, neural foraminal stenosis, lumbar facet arthropathy, and weakness with paresthesia in the left lower extremity. The patient was seen by [REDACTED] on 01/17/2014. Current medications include Neurontin 300 mg and meloxicam 15 mg. The patient reported 5/10 pain with poor sleep quality. Physical examination revealed moderate tenderness to palpation, weakness in the left EHL, decreased sensation to pinprick in the left lateral calf and left first webspace, and painful lumbar range of motion. Treatment recommendations at that time included discontinuation of meloxicam and continuation of Neurontin 300 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MELOXICAM (MOBIC) 7.5 MG AS NEEDED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Guidelines state NSAIDS are recommend for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDS are recommended as a second line treatment after acetaminophen. There is no evidence of long-term effectiveness for pain or function. As per the documentation submitted, the patient had continuously utilized this medication. Despite ongoing use, the patient continued to report persistent pain. It was noted on 01/17/ 2014, the patient's meloxicam prescription was discontinued. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**IBUPROFEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The current request is a nonspecific request, and does not list a strength, frequency, or quantity. Therefore, the request cannot be determined as medically appropriate and is non-certified.

**CARISOPRODOL 350 MG THREE TIMES A DAY AS NEEDED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 124.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, there was no evidence of palpable muscle spasm or spasticity upon physical examination. Soma 350 mg is not listed in the patient's current medication regimen. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.