

<b>Case Number:</b>	CM14-0071654		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/22/2010
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 57-year-old female with a 8/22/10 date of injury. The mechanism of injury occurred when the patient fell at work. According to a progress report dated 4/10/14, the patient reported 80-85% pain relief for 3 plus days after chiropractic treatments. She rated her neck pain as an 8/10. Objective findings: limited ROM of neck and cervical spine, positive right Spurling test. Diagnostic impression: headaches, cervical myofascial pain. Treatment to date: medication management, activity modification, chiropractic treatment, TENS unit. A UR decision dated 4/23/14 denied the requests for Ibuprofen and Soma. Regarding Ibuprofen, the documentation submitted for review indicated the patient's pain level was 8/10 with the use of medication, indicating the medication had no significant analgesic effect. Regarding Soma, the patient had been taking Soma for longer than 3 weeks, exceeding guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg 1 every 8 hours #90 refill #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. There is no documentation that the patient's use of Ibuprofen has provided her significant pain relief or improved activities of daily living. According to the most recent progress note dated 4/10/14, the patient still rated her pain at 8/10. Therefore, the request for Ibuprofen 600mg 1 every 8 hours #90 refill #1 was not medically necessary.

**Soma 350mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

**Decision rationale:** CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. It is unclear how long the patient has been taking. It is noted that she has been taking muscle relaxants chronically, such as Flexeril, since at least 1/9/14. There is no documentation of an acute exacerbation to her pain. Therefore, the request for Soma 350mg was not medically necessary.