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| <b>Case Number:</b>   | CM15-0106127 |                              |            |
| <b>Date Assigned:</b> | 06/10/2015   | <b>Date of Injury:</b>       | 10/14/1999 |
| <b>Decision Date:</b> | 07/13/2015   | <b>UR Denial Date:</b>       | 05/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/02/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 68 year old female, who sustained an industrial injury on October 14, 1999. She reported neck and low back pain. The injured worker was diagnosed as having cervical spondylosis, intervertebral disc disorder of the lumbar spine with displacement and osteoarthritis of the knee. Treatment to date has included diagnostic studies, conservative care, medications and activity restrictions. Currently, the injured worker complains of continued neck, low back and knee pain. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 4, 2015, revealed continued pain as noted. She reported wishing to hold off on any surgical interventions at this time. She requested physical therapy and medications. Medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Mobic 7.5mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has continued neck, low back and knee pain. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Mobic 7.5mg #60 is not medically necessary.

**Carisoprodol 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350, Vanadom, generic available). Decision based on Non- MTUS Citation Official Disability Guidelines (ODG): Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page 29; Muscle Relaxants, Pages 63-66 Page(s): 29, 63-66.

**Decision rationale:** The requested Carisoprodol 350mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continued neck, low back and knee pain. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Carisoprodol 350mg #90 is not medically necessary.