

Case Number:	CM15-0191865		
Date Assigned:	10/06/2015	Date of Injury:	01/11/2011
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of January 11, 2011. In a Utilization Review report dated September 22, 2015, the claims administrator approved requests for Dilaudid and Lunesta while failing to approve requests for Soma and Motrin. The claims administrator referenced a September 15, 2015 RFA form and a progress note dated August 27, 2015 in its determination. The applicant's attorney subsequently appealed. On September 4, 2015, the applicant reported ongoing complaints of neck pain with associated radicular pain complaints. The applicant had undergone earlier elbow epicondylar release surgery on August 13, 2015, it was reported. The applicant was no longer working and reportedly retired. Physical therapy was sought. The applicant's medication list was not discussed or detailed on this occasion. On an RFA form dated September 15, 2015, Dilaudid, Soma, Motrin, and Lunesta were all seemingly endorsed. On August 27, 2015, the applicant reported ongoing complaints of neck and arm pain, 10/10 without medications versus 8/10 with medications. The attending provider contended that the applicant's ability to perform activities of daily living such as housekeeping and cooking had been ameliorated in unspecified amounts, had been ameliorated as a result of ongoing medication consumption. The applicant was described as having had surgery some two years prior. The applicant was on Soma, Lidoderm, Motrin, and Lunesta, it was reported. The applicant was severely obese, with a BMI of 39. The applicant was placed off work, on total temporary disability, while Dilaudid, Soma, Motrin, and Lunesta were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The request for Soma was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using an opioid agent, Dilaudid, as of the date of the request, August 27, 2015. Concomitant usage of Soma was not indicated. The renewal request for Soma, thus, was at odds with both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which supports 2- to- 3-week limit for carisoprodol usage. Therefore, the request was not medically necessary.

Ibuprofen 800mg 1 tab TID PRN #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Conversely, the request for ibuprofen (Motrin), an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen (Motrin) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic neck pain reportedly present here. Here, the attending provider framed the request for ibuprofen as a postoperative request for the same. The attending provider reported on August 27, 2015 that the applicant had undergone elbow surgeries some two weeks prior. This was corroborated by the reports of the applicant's elbow surgeon, who reported on September 4, 2015 that the applicant had undergone earlier elbow surgery on August 13, 2015. Provision of ibuprofen was, thus, indicated for postoperative/ preoperative pain control purposes. The applicant was too soon removed from the date of surgery, August 13, 2015, as of the date of the request, August 27, 2015, for any meaningful discussion of functional improvement to transpire. Therefore, the request for ibuprofen (Motrin) was medically necessary. While this was, strictly speaking, a postoperative request as opposed to a chronic pain case, as of the date of request, August 27, 2015, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 22 of the MTUS Chronic Pain Medical Treatment Guidelines did address the topic at hand, it was therefore invoked.