

Case Number:	CM15-0204598		
Date Assigned:	10/21/2015	Date of Injury:	09/15/2005
Decision Date:	12/03/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 50 year old male, who sustained an industrial injury on 9-15-2005. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral region discitis and dorsalgia. On 10-5-2015, the injured worker reported pain along the lower back with pain level unchanged since the last visit, with muscle spasms. The Primary Treating Physician's report dated 10-5-2015, noted the injured worker reported taking his medications only as prescribed with medications continuing to reduce his pain level with minimal side effects, improved function and able to move in and outside the home such as basic activities of daily living (ADLs) such as cooking, cleaning, shopping,, with pain level 3 out of 10 with medications allowing for improved function and mood and ability to perform home exercise program (HEP). The injured worker's pain without medications was rated as 7 out of 10 with the injured worker reporting he did not function as well with decreased activity and impaired ability to sleep. The Physician noted there was no evidence of any opioid agreement violations. The CURES was noted to have no aberrant behavior reported. On 7-13-2015 the injured worker rated his pain as 2 out of 10 with medications and 6 out of 10 without medications. The injured worker's current medications were noted to include Soma, prescribed since at least 4-13-2015, Ibuprofen, prescribed since at least 4-13-2015, Norco, prescribed since at least 4-13-2015, and Tizanidine, prescribed since at least 7-13-2015. The physical examination was noted to show spasm and tenderness in the paravertebral muscles. A urine toxicology screen was noted to be positive for opiates only. The treatment plan was noted to include prescriptions for Soma, Tizanidine, Ibuprofen, and Norco with notation of soma and Tizanidine discontinued. The request for authorization dated 10-7-2015, requested Norco 10-325mg #100, Soma 350mg #30

refill x1, Tizanidine 2mg #30 refill x3, and Ibuprofen 800mg #60 refill x3. The Utilization Review (UR) dated 10-14-2015, certified the request for Norco 10-325mg #100, modified the request for Tizanidine 2mg #30 refill x3 to approve #15 for weaning, and non-certified the requests for Soma 350mg #30 refill x1 and Ibuprofen 800mg #60 refill x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30 refill x 1: Upheld

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

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. 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. In regular abusers the main concern is the accumulation of meprobamate. In this case, the exam note from 10/5/15 does not demonstrate prior dosages and response to Soma. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam notes provided. In addition, the guidelines do not recommend long term use. Therefore the request is not medically necessary.

Tizanidine 2mg #30 refill x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-sedating Muscle relaxants.

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

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants page 66, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and

methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. In this case the patient does not have a diagnosis of spasticity, myofascial pain or fibromyalgia based on the review of medical records from 10/5/15. Thus the request is not medically necessary.

Ibuprofen 800mg #60 refill x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the CA/MTUS Chronic Pain Medical Treatment Guidelines, page 67, NSAIDs, specific recommendations are for "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX- 2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008)" In this case after review of the medical records from 10/5/15 there is insufficient evidence to support functional improvement on Ibuprofen or osteoarthritis to warrant usage. Therefore the request is not medically necessary.