

Case Number:	CM15-0061889		
Date Assigned:	04/07/2015	Date of Injury:	04/17/2003
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 sustained an industrial injury on 04/17/2003. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 01/28/2015 the injured worker has reported chronic intermittent flare-ups of low back pain. On examination of the he was noted to have mild tenderness to palpation at the base of the lumbar spine. The diagnoses have included chronic low back pain. Treatment to date has included x-rays and pain medication Soma and Vicoprofen. The provider requested Soma 350mg #30 and Vicoprofen 7.5/200mg #60 for pain management during flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for low back pain. When seen, he had recently had a flare-up of symptoms. He had been able to return to work after one day. There was decreased range of motion with an otherwise normal examination. Vicoprofen was prescribed on an as needed basis at a total MED (morphine equivalent dose) of 15 mg per day. Soma was prescribed (#30). Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. There are other medications in this class that could be used to treat flare-ups of the claimant's back pain. Prescribing Soma was not medically necessary.

Vicoprofen 7.5/200mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for low back pain. When seen, he had recently had a flare-up of symptoms. He had been able to return to work after one day. There was decreased range of motion with an otherwise normal examination. Vicoprofen was prescribed on an as needed basis at a total MED (morphine equivalent dose) of 15 mg per day. Vicoprofen hydrocodone / ibuprofen) is a short acting combination opioid often used for intermittent or breakthrough pain and control of inflammation. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. The claimant is noted to be working. Therefore, the continued prescribing of Vicoprofen is medically necessary.