

Case Number:	CM15-0235952		
Date Assigned:	12/11/2015	Date of Injury:	04/24/2005
Decision Date:	01/22/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/02/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 60 year old female, who sustained an industrial injury on 4-24-05. The injured worker was being treated for right bicipital tendinitis, right knee status post partial medial meniscectomy and left knee possible medial meniscal tear. On 5-12-15, the injured worker complains of some intermittent right shoulder pain and decreased ability to perform activities of daily living. On 11-09-15 subjective complaints are noted to be "meds only." Documentation does not include pain level prior to or following administration of medications, duration of pain relief or improvement in function due to use of medications. Work status is noted to be retired. Physical exam performed on 5-12-15 revealed tenderness to palpation of right shoulder with decreased range of motion and tenderness to palpation of right biceps groove. On 11-9-15 objective findings are noted to be "meds only." Treatment to date has included right shoulder surgery, oral medications including Soma 350mg (since at least 2-2015) and Ibuprofen 800mg (since at least 2-2015), physical therapy, home exercise program and activity modifications. Request for authorization was submitted on 11-23-15 for Soma 350mg #45 and Ibuprofen 800mg #90. On 12-1-15, request for Soma 350mg #45 and Ibuprofen 800mg #90 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg Qty 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisprodol (Soma).

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

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as soma) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case the patient has used this muscle relaxant longer than the recommended amount of time. The continued use is not medically necessary.

Ibuprofen 800 mg Qty 90: 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).

Decision rationale: All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this case, the documentation doesn't support that the patient has used the lowest effective dose for the shortest amount of time to avoid adverse effects of the drug. The continued use of this medication is not medically necessary.