

Case Number:	CM15-0123197		
Date Assigned:	07/07/2015	Date of Injury:	05/11/2011
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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: Maryland

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

This 42-year-old male sustained an industrial injury on 5/11/11. He subsequently reported low back pain. Diagnoses include bilateral knee internal derangement, status post lumbar micro-decompression and low back pain. Treatments to date include MRI testing, back surgery, physical therapy and prescription medications. The injured worker continues to experience low back pain that radiates to the groin and right lower extremity. Upon examination, there is mild tenderness to palpation in the lumbar paraspinal muscles. Mild myofascial tenderness is noted in the lumbosacral spine. Range of motion of the bilateral knee and lumbar spine is restricted. A request for Soma and Ibuprofen medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma (Carisoprodol) 350 mg Qty 120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Chronic- Carisoprodol (Soma ½).

Decision rationale: Soma (Carisoprodol) 350 mg Qty 120 with 3 refills is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long-term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term, which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma with 3 refills is not medically necessary.

Ibuprofen (Motrin) 800 mg Qty 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 72 and 67-73.

Decision rationale: Ibuprofen (Motrin) 800 mg Qty 90 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Doses greater than 400 mg have not provided greater relief of pain. NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension and can cause fluid retention, edema, and rarely, congestive heart failure. The MTUS Guidelines also state that for chronic low back pain: NSAIDS are recommended as an option for short-term symptomatic relief. The patient also has elevated blood pressure in the documentation dated 12/3/14 with a blood pressure of 159/99. Ibuprofen with 3 refills would not be appropriate with monitoring of side effects and blood pressure. Blood pressure can be exacerbated with NSAIDs. The MTUS states that doses over 400mg do not provide greater relief of pain therefore the request for Motrin 800mg with 3 refills is not medically necessary.