

Case Number:	CM15-0172613		
Date Assigned:	09/14/2015	Date of Injury:	09/01/2009
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/01/2015

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 is a 62 year old female who sustained an industrial injury on 9-1-09. In a progress report, the physician notes complaints of lower back pain radiating into the left lower extremity intermittently. Diagnoses are post laminectomy syndrome lumbar spine and radiculitis. Work status is modified work 7-22-15 with restrictions. Medication is noted as Biofreeze, Duexis 1 three times a day as needed for pain and Soma 350mg three times a day as needed. The requested treatment of Duexis 800-26.6 #90 and Carisoprodol 350mg #80 was denied on 8-6-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis Tab 800-26.6 #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Duexis prescribing information.

Decision rationale: The claimant sustained a work injury in September 2009 while working as a Special Education Teacher's aide when she fell on her back. Diagnoses include post laminectomy syndrome. When seen, she was having low back pain with intermittent left lower extremity radiating symptoms. No physical examination was recorded. Soma, Duexis, and Biofreeze were prescribed. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no reported history of a peptic ulcer, bleeding, or perforation. She was prescribed a non-steroidal anti-inflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend that an H2-receptor blocker such as famotidine which is a component of Duexis be prescribed. Duexis is also not recommended as a first-line drug. It was not medically necessary.

Carisoprodol Tab 350mg #80: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in September 2009 while working as a Special Education Teacher's aide when she fell on her back. Diagnoses include post laminectomy syndrome. When seen, she was having low back pain with intermittent left lower extremity radiating symptoms. No physical examination was recorded. Soma, Duexis, and Biofreeze were prescribed. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite is 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. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma was not medically necessary.