

Case Number:	CM13-0024850		
Date Assigned:	12/11/2013	Date of Injury:	08/09/2012
Decision Date:	01/16/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is an [REDACTED] employee who has filed a claim for chronic low back pain, bilateral lower extremity pain, knee pain, and depression reportedly associated with an industrial injury of August 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; lumbar MRI imaging of September 5, 2012, notable for a small disc protrusion at L4-L5; electro diagnostic testing of April 25, 2013, apparently notable for a right L5-S1 radiculopathy; transfer of care to and from various providers in various specialties; work restrictions; muscle relaxants; adjuvant medications; epidural steroid injections; and a sacroiliac joint block. In a utilization review report of September 10, 2013, the claims administrator denied the request for Soma and Norco. The applicant later appealed, on September 14, 2013. A later note on November 15, 2013, is notable for comments that the applicant reports persistent pain complaints. The applicant attributed symptoms to lifting up a dead body while employed at the [REDACTED]. It is stated that the applicant's usage of medications is producing an appreciable degree of pain relief and is allowing the applicant to achieve a greater degree of function. The applicant states that he is using the lowest total dosage of pain medications that provides him with relief. He is presently on Relafen, Flexeril, Lyrica, Norco, Prevacid, Hydrochlorothiazide, Zestril, and Zolofit. The applicant denies any illicit drug use. The applicant is off of work, on total temporary disability, but states that his activity levels are improved. He exhibits a mildly antalgic gait, diffuse lumbar tenderness, and diminished lumbar range of motion. Acupuncture is employed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg q.h.s.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not endorsed for chronic, long-term, and/or scheduled use purposes for which it is being proposed here, particularly in conjunction with other medications. In this case, the applicant is using numerous other opioid and non-opioid analgesic and adjuvant medications. Adding Soma to the mix is not indicated. Therefore, the request is not certified

Hydrocodone 10/325 up to four times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioids therapy are evidence of successful return to work, improved function, and/or reduced pain affected through prior opioids usage. In this case, the applicant remains off of work, on total temporary disability. While the attending provider has documented some unspecified improvement in terms of performance of non-work activities of daily living, he has not detailed or expanded upon these issues. The applicant's pain, contrary to what is suggested by the attending provider, appears to be heightened. The applicant is receiving multiple steroid injections, epidural injections, facet blocks, acupuncture, etc. All of the above, taken together, imply a lack of functional improvement with ongoing opioids usage. Therefore, the request remains non-certified, on independent medical review.