

Case Number:	CM13-0035057		
Date Assigned:	12/13/2013	Date of Injury:	08/19/2004
Decision Date:	02/03/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 53 year old male who reported an injury on 08/09/2004. The mechanism of injury was lifting. The patient was diagnosed with a disc dessication at L4-L5 and a 2.5mm broad based posterior disc/endplate osteophyte complex at L5-S1, with mild narrowing of the neural foramina. This diagnosis was confirmed with MRI performed on 12/27/2004. Initial treatment included physical therapy, chiropractic, and epidural steroid injections, all with limited relief. He did not want to proceed with the recommended lumbar fusion unless his symptoms became unmanageable in the future, and found sufficient relief with the regular administration of trigger point injections and opioid medications. He was noted to be permanent and stationary in 2012. The patient complained of an exacerbation of pain and radicular symptoms in the beginning of 2013, as well as spasms and decreased range of motion. A TENS unit was added to his pain management regime, and the patient continued to report relief from the trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg one po qid #90 (2 units): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend the use of opioids the treatment of moderate to severe pain. Criteria for on-going management and long term use of opioids set forth in the guidelines include but are not limited to, the documentation of pain and functional improvement on each visit using a numerical scale or validated instrument. Pain assessment should include levels of least and average amounts of pain since previous visit, length of time of the medication onset, duration of relief, and frequency of use. Side effects must be addressed as well as aberrant behaviors and need for psychological evaluation, and regular urine drug screens must be performed. The patient is noted to have been on opioids since 2012, but the medical records provided for review are only as early as February 14, 2013. In this clinical note, the medications prescribed included Oxycontin, Soma, Norco, and Valium. However, there were no recorded pain levels until 06/20/2013, when the patient reported a pain level of an 8/10. There was no evidence that the medications were effective, discussion of side effects or increased functional ability, nor were there any urine drug screens included for review. Without the above mentioned information, the medical necessity of the request cannot be determined. As such, the request for Soma 350mg one PO QID #90 (2 units) is non-certified.