

Case Number:	CM13-0036765		
Date Assigned:	12/13/2013	Date of Injury:	12/03/2003
Decision Date:	04/18/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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/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:

This is a female patient with a date of injury of December 3, 2003. A utilization review determination dated October 8, 2013 recommends modified certification of soma 350 mg #41 with no refills to allow time to taper this medication. A progress report dated July 26, 2013 identifies subjective complaints including cervical and lumbar spine pain with bilateral lower extremity numbness and tingling. The note indicates that the patient was able to reduce the use of Norco as a result of a transforaminal epidural injection. The pain is rated as 6/10. The Cymbalta is noted to improve the patient's pain. The note indicates that the patient has agreed to try decreasing Norco and Soma, but would like to wait until after an injection. Current medications include Norco, nizatidine, Imitrex, Ambien, Nortriptyline, Cymbalta, gabapentin, Celebrex, and soma 350 mg 1 tablet b.i.d. PRN. Physical examination identifies limited lumbar range of motion with positive facet loading, reduced motor strength in the left lower extremity and diminished sensation in the left lower extremity. There is also tenderness to palpation over the sacroiliac Final Determination Letter for IMR Case Number [REDACTED] 3 joints. Assessment includes lumbar disc radiculitis, radicular syndrome of the lower limb, low back pain, and cervicgia. The treatment plan recommends continuing the current medications, and requesting an x-ray of the sacroiliac joints and a sacroiliac injection. A progress note dated November 6, 2012 indicates that the patient is using Soma 350 mg 1 tablet twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #50 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Low Back Complaints.. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Low Back Complaints Page(s): 300.

Decision rationale: Regarding the request for sacroiliac joint injections, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction. Additionally, it appears that the patient's findings may be attributable to lumbar radiculopathy. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.