

Case Number:	CM13-0049104		
Date Assigned:	12/27/2013	Date of Injury:	02/17/2001
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/07/2013

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 Internal Medicine has a subspecialty in Pulmonary 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 patient reported an injury on 02/17/2001. The patient is currently diagnosed with lumbar postlaminectomy syndrome, bilateral lower extremity radiculopathy, spinal cord stimulator placement, cervical herniated nucleus pulposus, right upper extremity radiculopathy, reactionary depression with anxiety, removal of infected spinal cord stimulator, status post left total knee arthroplasty, rule out left wrist fracture, and positive provocative discogram at L2-3 and L3-4. The patient was seen by [REDACTED] on 07/10/2013. The patient reported increasing neck pain with associated cervicogenic headaches as well as radiation to the bilateral upper extremities. Physical examination revealed tenderness to palpation, bilateral trigger points, decreased range of motion, decreased sensation, intrinsic muscle wasting and atrophy along the thenar and hypothenar muscles, tenderness to palpation with muscle rigidity of the lumbar spine, numerous trigger points, and decreased lumbar range of motion. Treatment recommendations included continuation of current medications including Oxycontin, Prilosec, Soma, Ativan, Norco, Lyrica, and Dendracin topical analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. As per the documentation submitted, the patient has continuously utilized this medication. The patient does not report symptoms of anxiety or depression. The medical necessity for the requested medication has not been established. As guidelines do not recommend long-term use of benzodiazepines, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Soma 350mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 124.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Soma should not be used for longer than 2 to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination continues to reveal muscle rigidity and numerous trigger points in the cervical and lumbar spine. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.