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| Case Number: | CM13-0058809 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 02/20/2006 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 11/27/2013 |

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 Family Medicine and is licensed to practice in North Carolina. 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:

The patient is a 39 year-old with a reported date of injury of 02/20/2006. The patient has a diagnosis of low back pain with lumbar radiculopathy. Treatment plan has included oral medication, lumbar fusion, and hardware removal. Progress notes dated 11/18/2013 from the orthopedic surgeon indicate the patient reported subjectively significant pain in the lower back that will intermittently extend to his left buttock and thigh as well as pain in both groins and hips. Physical exam showed normal lower extremity neurologic exam and positive straight leg raises on the left and straight leg raise on the right eliciting left sided pain. The most recent progress notes from the pain management specialist dated 11/01/2013 shows the patient reporting that medications control his pain and help him to function. Physical exam showed diffuse tenderness over the lumbar area and pain with extension and flexion and a positive straight leg raise on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The California MTUS states that Soma is not recommended for longer than a 2 to 3 week period. The patient has been receiving Soma for more than the recommended period of time. The medication is not indicated for long term use and there is no documentation of acute injury. Therefore, the requested Soma is not medically necessary or appropriate.

ONE (1) BOTTLE OF CALCIUM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Calcium-QuickFact/online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to Date, Calcium.

Decision rationale: The California MTUS as well as the ACOEM and ODG do not specifically address calcium supplementation. According to Up to Date guidelines, calcium supplementation is indicated for treatments of osteopenia and osteoporosis. There has been some concern over calcium supplementation and its link to heart disease. This patient has no indication by DEXA scan of osteopenia or osteoporosis to support calcium supplementation. There is no clinical support evidence for the use of calcium for chronic pain. Therefore, the requested calcium is not medically necessary or appropriate.