

Case Number:	CM13-0065003		
Date Assigned:	01/03/2014	Date of Injury:	03/19/1998
Decision Date:	05/19/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 62-year-old male who reported an injury on 03/19/1998 while loading lumber. Current diagnoses include failed back surgery syndrome, spinal cord stimulator implantation, chronic pain, status post 2 level fusion, and multilevel foraminal stenosis including pseudarthrosis of the lumbar spine. The injured worker was evaluated on 10/21/2013. The injured worker reported 7/10 lower back pain with activity limitation and weakness. Current medications include Diazepam 5 mg, Soma 350 mg, and Senokot. Physical examination revealed positive pelvic thrusting bilaterally, painful range of motion, tenderness to palpation, positive straight leg raise, and an antalgic gait with decreased sensation in the S1 and L4 dermatomes. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #90 X 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation The Principles and Practice of Medicine, 22nd Ed. S. McPhee, et.al. Current Medical Diagnosis and Treatment 51st Ed.

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. Soma should not be used for longer than 2 to 3 weeks. The injured worker has utilized this medication since 02/2013. There is no documentation of objective functional improvement. Guidelines do not recommend long-term use of this medication. There is also no frequency listed in the current request. Therefore, the request for Soma 350mg #90 x 3 refills is not medically necessary and appropriate.

DIAZEPAM 5 MG #90 X 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain. Decision based on Non-MTUS Citation The Principles and Practice of Medicine, 22nd Ed. S. McPhee, et.al. Current Medical Diagnosis and Treatment 51st Ed.

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 risk for dependence. Most guidelines limit the use to 4 weeks. The injured worker has utilized this medication since 02/2013. There is no documentation of objective functional improvement. Guidelines do not recommend long-term use of this medication. There is also no frequency listed in the current request. Therefore, the request for Diazepam 5mg #90 x 3 refills is not medically necessary and appropriate.

SENOKOT 8.6 MG #120 X 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain chapter, Opioid Induced Constipation Treatment.

Decision rationale: California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state first-line treatment for opioid-induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. The injured worker has utilized this medication since 09/2013. There is no documentation of gastrointestinal complaints or chronic constipation. There is also no evidence of a failure to respond to first-line treatment as recommended by Official Disability Guidelines. There is no frequency listed in the current request. Therefore, the request for Senokot 8.6 mg #120 x 3 Refills is not medically necessary and appropriate.