

Case Number:	CM13-0071688		
Date Assigned:	01/08/2014	Date of Injury:	02/11/2008
Decision Date:	06/06/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 51 year old female with a reported injury date of 02/11/2008; the mechanism of injury was not provided. The clinical note dated 01/02/2014 noted that the injured worker had complaints that included pain in the low back with radiation to bilateral lower extremities along the posterior hips and anterior dermatomes with tingling, numbness, and weakness of the lower extremities. Objective findings included restricted range of motion in the lumbar spine in all planes and decreased sensation to light touch, pin prick, and temperature along the L5 and S1 dermatomes bilaterally. Additional findings included positive sitting straight leg raises bilaterally. The injured workers medication regimen included Soma 350mg and Ativan 0.5mg since at least 05/02/2013. It was noted that the injured worker underwent a bilateral transforaminal epidural steroid injection at the L5/S1 levels on 09/25/2013 that relieved greater than 50 percent of the pain in the lower extremities. An electrodiagnostic study completed on 09/04/2013 noted that the injured worker had moderate acute L5-S1 radiculopathy on the left and right S1 radiculopathy. An MRI dated 07/22/2013 revealed mild degenerative disc disease and bilateral facet disease at the L4-L5 and L5-S1 levels, small right paracentral disc protrusion at L4-L5, and intraosseous hemangioma involving L1 vertebral body. The request for authorization for Soma 350mg #30 and Ativan 0.5mg #30 was submitted on 01/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #30 QUANTITY 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA) Page(s): 29.

Decision rationale: The California MTUS guidelines do not recommend Soma for use and it is not indicated for long-term use. The injured workers medication regimen included Soma 350mg and Ativan 0.5mg since at least 05/02/2013. As the guidelines do not recommend the use of this medication and the fact that the injured worker had been prescribed this medication for a long period of time (12 months), this request is non-certified. The request for Soma 350mg #30 is non-certified.

ATIVAN 0.5MG #30: Upheld

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

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

Decision rationale: The California MTUS guidelines do not recommended benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. The medical necessity for the prescription of this requested medication has not been established. Based on the available documentation provided, it remains unclear what the plan of treatment is for this medication. The injured workers medication regimen included Soma 350mg and Ativan 0.5mg since at least 05/02/2013 which exceeds the recommend time frame of use. The efficacy of the medication is unclear within the provided documentation. Furthermore, the request does not specify the frequency this requested medication is to be given. As such, the request for Ativan 0.5mg #30 is non-certified.