

Case Number:	CM14-0002869		
Date Assigned:	01/31/2014	Date of Injury:	05/22/2006
Decision Date:	06/27/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 58-year-old male who reported an injury on 05/22/2006 secondary to an unknown mechanism of injury. The injured worker was evaluated on 11/25/2013 for reports of lumbar spine pain. The exam noted pain to the lumbar facets and along the paraspinal musculature, hypertonia in the lumbar spine with restricted range of motion, and pain in the piriformis region at the SI joint bilaterally. A positive straight leg raise was also noted upon examination. The diagnoses included lumbar spine pain, L4-5 disc bulge, and L5-S1 disc bulge. The treatment plan included continued medication therapy and a TENS unit. The request for authorization and rationale for the request were not in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, USE OF OPIOIDS,

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

Decision rationale: The request for SOMA 350 MG is non-certified. The California MTUS Guidelines recommend the use of muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation provided indicates the injured worker has been prescribed muscle relaxants since at least 02/11/2013. This time frame exceeds the time frame to be considered short term. Furthermore, the request does not indicate the total number of tablets being requested. Therefore, based on the documentation provided, the request for SOMA 350 MG is non-certified.

ZIPSOR 25MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): page(s) 67-73..

Decision rationale: The request for ZIPSOR 25 MG is non-certified. The California MTUS Guidelines state the use of NSAIDs is recommended as an option for short-term symptomatic relief of pain. There is no significant clinical evidence in the documentation provided of the efficacy of the prescribed medication. The injured worker has been prescribed this medication since at least 02/11/2013. This time frame exceeds the recommended time to be considered short terms. Furthermore, there is a lack of number of tablets being requested in the request. Therefore, based on the documentation provided, the request for ZIPSOR 25 MG is non-certified.