

Case Number:	CM14-0004936		
Date Assigned:	01/24/2014	Date of Injury:	01/21/1997
Decision Date:	06/12/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/14/2014

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 anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 51 year old male who sustained an injury on 01/21/97 when he was lifting boxes feeling a pop in the low back. The injured worker has had an extensive surgical history to include multiple I-debt procedures from L2 to L5. The injured worker also had previous discography performed. The injured worker has been followed for a long history of chronic low back pain for which he received Lortab and Soma for pain control for an extended period of time. As of 11/12/13, the injured worker was functional with the use of Lortab at 10/500mg as well as Soma 350mg. Pain scores ranged from 5-9/10 on the VAS. The injured worker was able to perform normal activities of daily living with medications and indicated he was non-functional without medications. The injured worker reported limited benefits from the use of Amitriptyline at this visit and was recommended to discontinue this medication. The injured worker was pending further acupuncture therapy. On physical examination, there was tenderness to palpation and spasms in the lumbar paraspinal musculature with decreased lumbar range of motion. No neurological deficit was identified. Soma and Lortab were continued at this visit and the injured worker was recommended to continue with a home exercise program. The injured worker did have positive urinary drug screen findings for non-prescribed Benzodiazepines, cocaine, marijuana, Methadone, Methamphetamines, and antidepressants. There were confirmatory drug screens dated 12/30/13 which still showed inconsistent results for non-prescribed narcotics to include Morphine and Oxycodone as well as THC. The clinical report from 12/10/13 noted that the injured worker continued to be functional with the use of Soma and Lortab. Physical examination findings were unchanged at this visit. There was a recommendation for continued use of an H-wave machine. The injured worker was also prescribed a topical Ketoprofen cream at this visit. Follow up on 01/07/14 indicated that the injured worker was recommended to attend rehabilitation to wean off Lortab and Soma. The

injured worker reported benefits from acupuncture therapy. Physical examination findings remained unchanged. Despite the recommendation for rehabilitation, the injured worker was continued on Soma and Lortab at this visit. The requested Soma 350mg, quantity 90 and Lortab prescribed at 10/500mg, quantity 180 were both denied by utilization review on 01/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA RX 350 MG QUANTITY 90: 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): 63-67.

Decision rationale: In regards to the use of Soma 350mg quantity 90, this medication as medically necessary based on the clinical documentation provided Chronic Pain Medical treatment guidelines recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary

LORTAB RX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 88-89.

Decision rationale: In regards to the prescribed Lortab 10/500mg, quantity 180, this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker has been utilizing Lortab for an extended period of time without clear functional benefit. The injured worker was reported to have had an increase in the ability to perform his activities of daily living and was reported as non-functional without Lortab. There is no indication of weaning attempts to date. Chronic Pain Medical Treatment Guidelines do not recommend short acting narcotics such as Lortab for ongoing continuous use. Furthermore, the most recent clinical report for this injured worker did not address the inconsistent urinary drug screen findings provided for review from 12/30/13 which did note the use of non-prescribed narcotics to include Oxycodone and Morphine as well as positive findings for THC. Given the inconsistent urinary drug screen findings as well as not enough evidence regarding any substantial functional improvement for this injured worker, the request is not medically necessary.

