

Case Number:	CM14-0100419		
Date Assigned:	07/30/2014	Date of Injury:	11/17/1995
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 62 year old male who had a work related injury on 11/17/95. He was working as a dock worker; he was lifting a metal plate with a metal hook which weighed approximately 300 pounds when he noticed the onset of low back pain radiating pain down the legs. He had immediate low back pain. The injured worker had surgery in 2001 and 2006 and eventually had spinal fusion from L4 to S1. CT scan dated 04/08/09 documented L1 L2 mild bilateral facet degenerative changes. L4-5 prior right laminectomy with moderate degenerative endplate changes. L5-S1 with mild desiccation with mild bilateral lateral recess narrowing. MRI of the lumbar spine dated 03/26/10 documented a L4-5 there has been prior right hemilaminectomy there was moderate disc desiccation. There was moderate degenerative endplate changes. It was difficult to compare the degree of degeneration changes with prior exam considering difference in modality, but the degenerative endplate changes were probably not significantly changed compared to prior exam. There is a 2-3mm broad based posterior disc bulge. There is no spinal stenosis. There is mild to moderate right later recess and right neural foraminal narrowing and mild left lateral recess, and left neural foraminal narrowing unchanged compared to prior exam. L5-S1 there as mild disc desiccation there had been prior left hemilaminectomy unchanged prior to compared prior exam. 3mm broad based posterior disc bulge with no spinal stenosis. He had 18 authorized physical therapy visits. He was diagnosed with coccygodynia, bilateral sacroiliitis, right worse than left and early adjacent level disease at L3-4. Clinical documentation submitted for review was prior utilization review on 06/16/14, and Agreed Medical Evaluation (AME) report from 2013. There have been no records submitted from the requesting provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tablet PO TID PRN #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Carisoprodol (Soma, Soprodal 350, Vanadom) Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA Page(s): 29. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants (for pain).

Decision rationale: The request for Soma 350mg 1 tablet by mouth three times daily, as needed #90 is not medically necessary. There has been no clinical documentation submitted from the requesting provider, as such, there are no visual analog scale scores with and without medication, no documentation of functional improvement. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

Vicodin 1 tablet PO TID PRN #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioids.

Decision rationale: The request for Vicodin 1 tablet by mouth three times daily as needed, #90 is not medically necessary. There has been no clinical documentation submitted from the requesting provider, as such, there are no visual analog scale scores with and without medication, no documentation of functional improvement. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.