

Case Number:	CM14-0100454		
Date Assigned:	07/30/2014	Date of Injury:	06/30/2008
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in 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 records, presented for review, indicate that this 54-year-old female was reportedly injured on June 30, 2008. The mechanism of injury was noted as a blunt force trauma to the low back. The most recent progress note, dated June 19, 2014, indicated that there were ongoing complaints of low back and bilateral lower extremity pain. The physical examination demonstrated a 5'7, 190 pound individual who was hypertensive (158/100), with a slight loss of lumbar spine range of motion, and no specific neurological dysfunction. There was decreased sensation in the L4 & L5 dermatomes. Diagnostic imaging studies objectified changes consistent with the lumbar fusion procedure and residual hardware placement. Previous treatment included multiple lumbar surgeries, physical therapy, multiple medications, injection therapies and other pain control interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on June 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 19, 99.

Decision rationale: The records reflect multiple attempts at weaning this medication. Furthermore, there was no noted neuropathic lesion identified in the clinical records reviewed. As outlined in the MTUS, this medication is useful for the treatment of diabetic neuropathy and post-herpetic neuralgia. An off label use for neuropathic lesion is noted; however, identification of such a pathology has not been established. Therefore, the medical necessity for continued use of this medication is not noted. The request is not medically necessary.

Carisoprodol 35mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation ODG, PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Carisoprodol Page(s): 29.

Decision rationale: The MTUS specifically recommends against the use of Soma (Carisoprodol) and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the physical examination did not note any efficacy or utility with use of this medication, as there were ongoing complaints of muscle spasm. The clinician did not provide a rationale for deviation from the guidelines. As such, with the very specific recommendation of the MTUS against the use of this medication, this medication is not medically necessary.