MAXIMUS Federal Services

Case Number:	CM14-0100482		
Date Assigned:	07/30/2014	Date of Injury:	01/08/2013
Decision Date:	09/22/2014	UR Denial Date:	06/19/2014
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, has a subspecialty in Pain Management and is licensed to practice in Texas and Ohio. 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 27-year-old male who reported an injury on 01/08/2013, while trying to pull a steel bar by himself. He had an instant sharp, shooting pain in his left lower back and his left buttock with numbness and tingling in his left leg and toes. Diagnoses were left sided L5-S1 disc herniation with left lower extremity radiculopathy and mild L4-5 central and lateral recess stenosis. Past treatments were epidural steroid injections. Diagnostic studies were an MRI of the lumbar spine that revealed an L4-5 posterior annular tear with a 1 mm to 2 mm posterior disc bulge, mild to moderate right and left neural foraminal narrowing and bilateral exiting nerve root compromise. Surgical history was not reported. The injured worker had a physical examination on 07/08/2014, with complaints of persistent back and left leg pain. Leg pain was associated with numbness. The injured worker rated the pain in the low back as a 10/10 and left leg as an 8/10 on the pain scale. The injured worker was scheduled for a second lumbar epidural steroid injection. Examination of the lumbar spine revealed tenderness with palpation on the paraspinous musculature of the thoracic and lumbar region. Muscle spasm was noted over the lumbar spine on the left. The range of motion for the lumbar spine for flexion was to 35 degrees, extension was to 20 degrees, rotation to the right was to 30 degrees, and left rotation was to 30 degrees. Straight leg raise test in the supine and seated position was negative on the right and negative on the left. Medications were not reported. Treatment plan was for restrictions of activity. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids, such as Norco, for controlling pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It was not reported how this medication affected the injured worker's activities of daily living. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Soma 350 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

Decision rationale: The California Medical Treatment Utilization Schedule states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. The injured worker has been taking this medication for longer than a 2 to 3 week period. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Gabapentin refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is shown to be effective for treatment of diabetic painful neuropathy and

postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.