

Case Number:	CM14-0103309		
Date Assigned:	07/30/2014	Date of Injury:	11/05/2008
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/03/2014

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 51-year-old female was reportedly injured on November 5, 2008. The mechanism of injury was listed as carrying heavy boxes. The most recent progress note, dated May 13, 2014, indicated that there were ongoing complaints of neck pain and low back pain. Current medications potentially include fentanyl patches, Flexeril, Soma, Norco, Neurontin, Topamax, and trazodone. The physical examination demonstrated the injured employee with ambulation with the assistance of a cane. Diagnostic imaging studies were not discussed during this visit. Previous treatment included lumbar spine surgery in 2009, physical therapy, epidural steroid injections, trigger point injections, and facet injections. A request was made for a second transforaminal epidural steroid injection at L5-S1, Soma, and trazodone and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Transforaminal Bilateral Epidural Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: According to the progress note dated May 13, 2014, the injured employee has had two or three previous epidural steroid injections. Considering this, it was unclear why this is a request for a second injection. Additionally, there was no documentation of the efficacy of the prior injections to justify additional injections. For these multiple reasons, this request for a second transforaminal bilateral epidural steroid injection at L5-S1 is not medically necessary.

Soma 350mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain (Chronic) (updated 04/10/14), Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Soma is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee did not have any complaints of acute exacerbations nor were there any spasms present on physical examination. For these reasons, this request for Soma is not medically necessary.