MAXIMUS Federal Services

Case Number:	CM14-0113191		
Date Assigned:	08/01/2014	Date of Injury:	10/03/2011
Decision Date:	09/12/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 47-year-old male who sustained a work related injury on 10/3/2011 as a result of falling off the bumper of a ready mix truck. Since then, he had continual lower back pain. He has a history of L5-S1 TLIF with L4-S1 posterior instrumented fusion in 1998 with a revision in 1999. He also had a posterior dorsal column stimulator placed in April of 2011, removed on May 17, 2012. He underwent L4-S1 instrument hardware removal on 2/26/2013. The patient underwent lateral meniscectomy on 12/30/2013 as result of injury to his knee when he fell out of his truck. He has had facet, medial branch blocks and radio-frequency ablation at L3-4 with instrument blocks at L4-S1 in the past. On a PR-2 dated July 7, 2014, the patient brisk gait that is slightly antalgic on the left, able to heel and toe walk. There is tenderness to palpation of the right posterior superior iliac spine (PSIS) and L3-4 face joints bilaterally. Performing lumbar extension worsens the patient's pain. Neurologically he has a trace decrease in sensation along the left lateral leg with decreased left lateral aspect and plantar surface of the foot. Recent imaging lumbar spine CT myelogram obtained on March 20, 2012 identifies that 'The L5-S1 spacer has subsided into the left inferior endplate and encroaches on the right lateral recess and right S1 nerve root'. His current medications include Norco 10/325mg 4 tab / day and Diazepam 10mg 2 tablets per day. In dispute is a decision for a Left Posterior Sacroiliac Spine Injection and for Soma 350mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Posterior Sacroiliac Spine injection: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Facet joint intra-articular injections (therapeutic blocks): current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial. The therapeutic facet joint injections described here are injections of a steroid (combined with an anesthetic agent) into the facet joint under fluoroscopic guidance to provide temporary pain relief. An updated Cochrane review of injection therapies (ESIs, facets, trigger points) for low back pain concluded that there is no strong evidence for or against the use of any type of injection therapy, but it cannot be ruled out that specific subgroups of patients may respond to a specific type of injection therapy.As the patient has received benefit from previous facet injection in the past, and the evidence neither supports nor refutes such treatment, I find that the patient may benefit from this treatment modality and is therefore authorized.

Soma 350mg Quantity 60: 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 Pain Intervention and Treatments Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Carisoprodol (SomaÂ®).

Decision rationale: Carisoprodol (Soma) is not recommended or indicated for long-term use and is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). 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. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). Intoxication appears to include subdued consciousness, decreased cognitive

function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both Carisoprodol and meprobamate, both of which act on different neurotransmitters. In addition, The AGS updated Beers criteria for inappropriate medication use includes arisoprodol. This is a list of potentially inappropriate medications for older adults. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Because Soma is authorized for acute pain associated with musculoskeletal conditions, I find that the request does not meet the criteria as set by the guidelines because of the long standing nature of the patient's lower back pain complaints. Based on the above, this request is not medically necessary.