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| Case Number: | CM14-0128659 | | |
| Date Assigned: | 08/18/2014 | Date of Injury: | 10/06/2011 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

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 Internal Medicine and is licensed to practice in California. 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 63-year-old female who reported an injury on 10/05/2011. The mechanism of injury was not submitted for review. The injured worker has diagnoses of multiple HNPs of the lumbar spine, Chondromalacia of the left knee and left hip arthralgia. Past medical treatment consists of acupuncture, chiropractic therapy, medial branch blocks, ESIs, the use of a TENS unit, and medication therapy. Medications include Norco, Prilosec, Terocin patches, Soma, Robaxin, ibuprofen, Wellbutrin, clonazepam, and Ambien. There were no UAs or drug screens submitted for review. On 09/09/2014, the injured worker stated that her back pain had improved to where she was not being woken up in the middle of the night. On physical examination of the spine it was noted that there was palpation tenderness on the right lower lumbar facet region and bilateral paraspinal muscles in the lumbar region. Range of motion of the lumbar spine was decreased in all planes. There was also tenderness to palpation over the lateral hip, painful range of motion. There was decreased sensory in the L5-S1 dermatomes on the left. Medical treatment plan is for the injured worker to continue the use of medication and continue with chiropractic sessions for the lumbar spine. The provider feels that these 2 modalities are helping with the injured worker's pain levels. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation ODG-muscle relaxants

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

Decision rationale: The request for Soma is not medically necessary. The California MTUS Guidelines do not recommend Soma. The medication is not indicated for long term or short term use. Soma is now schedule in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation in treatment of anxiety. The submitted report did not indicate that the injured worker had any complaints of anxiety. Furthermore, the submitted documentation showed that the injured worker had been taking Soma since at least 06/2014. Additionally, the request as submitted did not indicate a dosage, frequency, or duration for the medication. The efficacy of the medication was not submitted for review. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Soma is not medically necessary.

Robaxin 750mg #45 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Robaxin Page(s): 63-64.

Decision rationale: The decision for Robaxin 750mg #45 with 1 refill is not medically necessary. The California MTUS Guidelines indicate that Robaxin is an antispasmodic used in low back pain to decrease muscle spasm, although it is sometimes used whether a spasm is present or not. MTUS Guidelines also state the muscle relaxants are used with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement, and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The submitted documentation lacked an indication if the Robaxin was helping the injured worker with any functional deficits. Additionally, the efficacy of the medication was not submitted for review. Furthermore, the request as submitted did not indicate duration of the medication. There was also no mention in the submitted documentation of the injured worker having spasms. The rationale was not submitted for review, as such, the medical necessity is unclear. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Continued chiropractic sessions 5 x 4 (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chiropractic Physical Medicine Page(s): 58.

Decision rationale: The request for continued chiropractic sessions 5 x 4 (lumbar) is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain, if caused by musculoskeletal conditions, is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in a patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The submitted documentation lacked an indication that previous chiropractic therapy was helping with any significant objective functional deficits the injured worker might have had. There was also no indication that the injured worker had been participating in a home exercise program. Furthermore, it is unclear as to how many chiropractic therapy sessions the injured worker has completed to date. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.