

Case Number:	CM14-0130843		
Date Assigned:	08/20/2014	Date of Injury:	02/06/2002
Decision Date:	09/23/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 55 year old male who reported an injury on 02/06/2002. The mechanism of injury was not specified. Diagnoses included post lumbar fusion failed low back syndrome, bilateral lumbar radiculopathy, bilateral sacroiliitis, and erectile dysfunction from pain. He had an MRI of thoracic spine on 08/24/2007 and reportedly a CT scan of the back in 2014, results were unknown. The injured worker had an epidural steroid injection of L5-S1 on 06/17/2014 with reported over 75% improvement with ongoing relief. The note from 07/30/2014 noted his pain level at 4-5/10. He reported improved function and increased activities of daily living including helping wife with housework. However, due to increased housework, he was reportedly having more pain in the left upper buttocks. He was given a 30 day trial of the Transcutaneous Electrical Nerve Stimulation unit (TENS) in the previous month. He reported having to use the unit more due to the increased pain in his buttocks. He stated the transcutaneous electrical nerve stimulation unit significantly reduced spasms. The physician noted severe tenderness with light palpation across the lumbosacral area. There was 50% restriction of flexion and 70% with extension. The injured worker took Percocet when pain was severe, Norco for moderate pain, and Neurontin for nerve pain and as a sleep aid. Soma 350mg twice daily was also noted in his clinical note as one of his current medications. He stated his medications "very well control his pain at the present time". It was advised for him to continue with use of heat, ice, rest, and gentle stretching exercise which can be tolerated without exacerbating pain. The treatment plan was Soma 350mg and a Transcutaneous Electrical Nerve stimulation Unit. The rationale for Soma was not given, however, the rationale for the transcutaneous electrical nerve stimulation unit was it significantly reduced spasms during the trial period. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, 2009; Chronic Pain; regarding Carisoprodol (Soma); Muscle Relaxants Page(s): 63.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol, page 29. The Expert Reviewer's decision rationale: Based on the information submitted for review, the request for Soma 350mg with 3 refills is not medically necessary. As stated in the Chronic Medical Treatment Guidelines, "Soma is not recommended nor is it indicated for use longer than 2-3 weeks. Soma has also been noted to alter the effects of other drugs to include using in combination with Hydrocodone, which some claim it had the same effect as using heroin. It was reported that the injured worker was taken off of Zanaflex, on an unknown date, due to "no reduction of spasms or relief." Soma has been noted as one of his medications in all the clinical notes, however, there was no supporting documentation as to how Soma was more beneficial than Zanaflex. Furthermore, he was taking Norco for moderate pain and is prescribed Soma to be taken twice daily; however as noted in the guidelines, Soma has been known to alter the effects of other drugs to include Hydrocodone, and is not recommended for long term use. Also, the request does not specify the frequency of the medication. As such, the request for Soma 350mg with 3 refills is not medically necessary.

Transcutaneous Electrical Nerve Stimulation (TENS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009; Chronic Pain; regarding TENS (transcutaneous electrical nerve stimulation) Page(s): 114 -116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrotherapy, page 114. The Expert Reviewer's decision rationale: Based on the information submitted for review, the request for Transcutaneous Electrical Stimulation unit is not medically necessary. As per the Chronic pain medical Treatment Guidelines, this unit is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The trial should include documentation of how often the unit was used, as well as outcomes in the terms of pain relief and function. Also, a treatment plan should be included with the specific short/long term goals of treatment with the unit. The injured worker has a history of failed low back syndrome. He

reportedly began to experience more pain in the left upper buttocks after doing more housework, so he was given a 30 day trial of the transcutaneous electrical nerve stimulation unit and was using it more often. He reported the unit "significantly reduced spasms". There was a lack of documentation supporting short/long term goals of treatment with the unit. Also, it is unknown how often he was using the unit for his pain and if it helped him functionality after treatment. He was noted to do a home regimen of gentle stretching and exercise as tolerated as well as use of heat/ice. Furthermore, the request failed to support information regarding use of unit to include frequency and how long the injured worker should use the unit. As such, the request for Transcutaneous Electrical Nerve Stimulation unit is not medically necessary.