MAXIMUS Federal Services

Case Number:	CM14-0173723		
Date Assigned:	10/27/2014	Date of Injury:	01/04/2001
Decision Date:	12/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 4, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; psychological counseling; earlier lumbar laminectomy surgery; unspecified amounts of physical therapy; and muscle relaxants.In a Utilization Review Report dated October 6, 2014, the claims administrator approved a request for Norco, conditionally denied a request for six individual psychological visits, partially approved carisoprodol, apparently for weaning purposes; and denied DHEA, a dietary supplement. The applicant's attorney subsequently appealed.In a progress note dated September 12, 2014, the applicant reported ongoing complaints of low back pain. The applicant was using seven tablets of Norco daily. The applicant's medication list included Pennsaid, Soma, Cymbalta, Pepcid, Motrin, Xanax, Neurontin, and DHEA. The applicant had undergone several lumbar spine surgeries, including most recently in 2013, it was noted. The applicant was severely obese, with a BMI of 40. A psychological counseling was endorsed. The applicant was asked to continue various medications along with a TENS unit. Carisoprodol, DHEA, Norco, Cymbalta, Pennsaid, Motrin, Neurontin, and Pepcid were renewed. Permanent work restrictions were likewise renewed. It did not appear that the applicant was working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90: Upheld

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

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is not recommended for chronic or long-term use purposes, particularly when used in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using Norco, an opioid agent. Adding carisoprodol to the mix is not recommended. Therefore, the request for Carisoprodol is not medically necessary.

Dhea 25mg #30: Upheld

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 ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines, dietary supplements such as DHEA are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or improvements in functional outcomes in the treatment of the same. In this case, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request for Dhea is not medically necessary.