

Case Number:	CM14-0174648		
Date Assigned:	10/27/2014	Date of Injury:	12/05/2012
Decision Date:	12/18/2014	UR Denial Date:	10/07/2014
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 Physical Medicine & Rehabilitation and Pain 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 51-year-old female who reported injury on 12/04/2012. The mechanism of injury was not provided. The injured worker underwent spinal surgery in 03/2014. The diagnostic studies were noted to include an MRI of the lumbar spine and electrodiagnostics. The documentation of 09/18/2014 revealed the injured worker had severe complaints of pain in the low back radiating to the lower extremities, worse on the left with associated symptoms of numbness, tingling and burning. The injured worker was noted to have an antalgic gait. The injured worker had severe muscle spasms and tenderness to palpation in the lumbar spine. The injured worker had positive straight leg raise bilaterally. The injured worker had decreased reflexes of 1+ on the left. The injured worker had sensation decreased on the right at L3 and L4 and on the left at L3, L4 and L5. The diagnoses included status post lumbar laminectomy, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. The treatment plan included an epidural steroid injection, and a refill of medications. The medications were noted to include gabapentin 600 mg 1 by mouth 3 times a day #90. The physician documented he would discontinue Flexeril and place the injured worker on Soma 350 mg 1 by mouth twice a day #90. The request additionally was made for a refill of Motrin 800 mg 1 by mouth twice a day #60, Norco 10/325 mg 1 by mouth 3 times a day #90, and for the injured worker to start on MS Contin 30 mg 1 by mouth twice a day #90. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab BID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that muscle relaxants are recommended as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There was a lack of documentation indicating objective functional benefit. There was a lack of documentation indicating the rationale for switching from 1 muscle relaxant to another. The duration of use could not be established; however, it was noted the injured worker was utilizing muscle relaxants. Given the above, the request for Soma 350 mg 1 twice a day #90 is not medically necessary.

Motrin 800mg 1 po BID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of the above criteria. The duration of use could not be established; however, it was noted the injured worker was utilizing Motrin. Given the above, the request for Motrin 800 mg 1 by mouth twice a day #90 is not medically necessary.

Norco 10/325mg 1 po TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The duration of use could

not be established; however, it was noted the injured worker was utilizing Norco 10/325 mg. Given the above, the request for Norco 10/325 mg 1 by mouth 3 times a day #90 is not medically necessary.

MS Contin 30mg 1 BID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. The clinical documentation submitted for review indicated the injured worker would be starting the medication. However, given the lack of documentation of objective functional benefit from the other opiate being utilized and documentation of a necessity for an additional medication for pain, the request would not be supported. Given the above, the request for MS Contin 30 mg 1 twice a day #90 is not medically necessary.