

Case Number:	CM14-0020596		
Date Assigned:	04/30/2014	Date of Injury:	12/29/2003
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 46-year-old male with a 12/29/03 date of injury and status post L4-5 and L5-S1 fusion on 5/17/06. At the time (12/10/13) of request for authorization for Soma 350 milligrams, quantity #120 and Ativan 1 milligram, quantity #120, there is documentation of subjective (chronic debilitating low back pain rated as an 8 out of 10, radiating to the bilateral lower extremities, and difficulty performing activities of daily living) and objective (tenderness to palpation along the posterior lumbar musculature with increased muscle rigidity, decreased lumbar range of motion, and decreased sensation along the L5-S1 distribution) findings, current diagnoses (lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, status post lumbar fusion, and reactionary depression/anxiety), and treatment to date (ongoing therapy with Soma and Ativan since at least 8/17/12). Regarding Soma 350 milligrams, quantity #120, there is no documentation of acute exacerbations of low back pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Soma. Regarding Ativan 1 milligram, quantity #120, there is no documentation of an intention to treat over a short course (4 weeks) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MILLIGRAMS, QUANTITY #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, status post lumbar fusion, and reactionary depression/anxiety. In addition, there is documentation of chronic low back pain. However, there is no documentation of acute exacerbations of low back pain. In addition, given documentation of ongoing therapy with Soma since at least 8/17/12, there is no documentation of short-term (less than two weeks) treatment. Furthermore, given documentation of subjective findings (chronic debilitating low back pain rated as an 8 out of 10, radiating to the bilateral lower extremities, and difficulty performing activities of daily living), there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Soma. Therefore, the request for Soma 350 milligrams, #120 is not medically necessary.

ATIVAN 1 MILLIGRAM, QUANTITY #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, status post lumbar fusion, and reactionary depression/anxiety. However, given documentation of ongoing therapy with Ativan

since at least 8/17/12, there is no documentation of an intention to treat over a short course (4 weeks). In addition, given documentation of subjective findings (chronic debilitating low back pain rated as an 8 out of 10, radiating to the bilateral lower extremities, and difficulty performing activities of daily living), there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ativan. Therefore, the request for Ativan 1 milligram, #120 is not medically necessary.