

Case Number:	CM14-0034717		
Date Assigned:	06/20/2014	Date of Injury:	07/29/2006
Decision Date:	07/24/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

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, and is licensed to practice in Nevada. 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 injured on July 29, 2006. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 18, 2014, indicates that there are ongoing complaints of cervical spine and lumbar spine pain. There is a history of a cervical fusion from C5 to C7. Current medications include Percocet, soma, Lyrica, Lunesta, Voltaren gel, and Miralax. The physical examination demonstrated moderate lumbar spine muscle spasms and guarding. There was tenderness from L2 through S1 over the midline and facet joints. There was decreased lumbar spine range of motion and a normal lower extremity neurological examination. Diagnostic imaging studies objectified multilevel disc degeneration and facet hypertrophy and a 3 mm disc protrusion at the L5/S1 level. Lumbar epidural steroid injections were recommended as well as continuation with existing medications. A request had been made for Soma, Lunesta, and Voltaren gel and was not certified in the pre-authorization process on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 63 of 127.

Decision rationale: Soma is a muscle relaxant not recommended for usage by the Chronic Pain Medical Treatment Guidelines. Although there are muscle spasms on physical examination there is no accompanying documentation of specific relief or improvement with the use of Soma. For these reasons this request for Soma is not medically necessary.

Voltaren 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Voltaren gel is only indicated for usage for osteoarthritis pain in the joints and has not been evaluated for treatment of the spine, hip, or shoulder. As the injured employee has spinal pain, this request for Voltaren gel is not medically necessary.

Lunesta 3 mg QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness and stress, Lunesta, Updated June 12, 2014.

Decision rationale: Lunesta is a sleep aid indicated for the short-term usage of insomnia. Not only has this medication not been stated to be essential for treatment of the injured employee but it is unclear how long they have been taking it for. For these reasons this request for Lunesta is not medically necessary.