

Case Number:	CM14-0035242		
Date Assigned:	06/23/2014	Date of Injury:	03/17/2009
Decision Date:	08/13/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 records, presented for review, indicate that this 54-year-old female was reportedly injured on March 17, 2009. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 7, 2014, indicated that there were ongoing complaints of neck pain. Current medications include Robaxin, prochlorperazine, Ambien, ibuprofen, Lamictil, Paxil, Seroquel, Soma, and Subaxone. The physical examination demonstrated increased muscle tone and tenderness along the cervical paraspinal muscles and muscles of the upper back. Trigger points with a palpable twitch response were noted. The examination of the lumbar spine noted facet joint tenderness bilaterally from L3 through S1. There was decreased lumbar spine range of motion with pain. There was a positive bilateral lower extremity straight leg raise test and decreased sensation in the right L5 and S1 dermatomal regions. Prescribed medications included Soma and Subaxone. No diagnostic imaging study reports were noted. Previous treatment included cervical spine epidural steroid injections. A request had been made for Soma and Subaxone and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG TABLET, # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009 Page(s): 113 of 127.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that muscle relaxants are indicated as second line treatment options for the short-term treatment of acute exacerbations of chronic low back pain. The attached medical record did not indicate that the injured employee was having any exacerbations of low back pain nor were there any muscle spasms noted on physical examination. For these reasons, this request for Soma was not medically necessary.

SUBAXONE 8 MG, # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCNICHOLAS, 2004; HELM, 2008.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Buprenorphine for chronic pain, updated July 10, 2014.

Decision rationale: Subaxone (buprenorphine) is indicated as a treatment option for chronic pain only in selected individuals who have a hyperalgesia component to their pain, centrally mediated pain, neuropathic pain, or individuals at high risk with standard opioid maintenance. There was no mention in the attached medical record that the injured employee has any these issues. Without specific justification, this request for Subaxone is not medically necessary.