

Case Number:	CM14-0047546		
Date Assigned:	06/25/2014	Date of Injury:	08/08/2002
Decision Date:	07/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/31/2014

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 51-year-old female with an 8/8/02 date of injury. At the time (2/20/14) of request for authorization for Soma 350 mg #30 with 2 refills and Ketorolac 30 mg #20, there is documentation of subjective (chronic low back pain with spasms rated as a 7 out of 10, radiating to the left lower extremity, left buttock, and left anterior thigh with numbness and tingling) and objective (no pertinent findings) findings, current diagnoses (degeneration of lumbosacral intervertebral disc), and treatment to date (Soma and Ketorolac since at least 6/28/13 with decrease in pain levels). In addition, medical report plan identifies that the patient receives Ketorolac approximately every 6 months and is only to be used for episodes for severe pain. Regarding Soma 350 mg #30 with 2 refills, there is no documentation of acute exacerbation of chronic 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 Ketorolac 30 mg #20, there is no documentation of short-term (up to 5 days) treatment of moderately severe acute pain that requires analgesia at the opioid level 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 Ketorolac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #30 X2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, 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: The MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. The 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. The 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 a diagnosis of degeneration of lumbosacral intervertebral disc. In addition, there is documentation of chronic low back pain with spasms. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Soma since at least 6/28/13, there is no documentation of short-term (less than two weeks) treatment. Furthermore, despite documentation of decreased pain levels with use of Soma, 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, based on guidelines and a review of the evidence, the request for Soma 350 mg #30 with 2 refills is not medically necessary.

Ketorolac 30 mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Osteoarthritis (including knee and hip).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol); NSAIDs.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. The 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. The ODG identifies documentation of short-term (up to 5 days) treatment of moderately severe acute pain that requires analgesia at the opioid level, as criteria necessary to support the medical necessity of Toradol. Within the medical information available for review, there is documentation of a diagnosis of degeneration of lumbosacral intervertebral disc. In addition, there is documentation

of moderate to severe pain. However, despite documentation of a plan identifying Ketorolac only to be used for episodes for severe pain, and given documentation of chronic moderate to severe low back pain, there is no documentation of acute pain that requires analgesia at the opioid level. In addition, given documentation that the patient receives Ketorolac approximately every 6 months since at least 6/28/13, there is no documentation of short-term (up to 5 days) treatment. Furthermore, despite documentation of pain relief with use of Ketorolac, 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 Ketorolac. Therefore, based on guidelines and a review of the evidence, the request for Ketorolac 30 mg #20 is not medically necessary.