

Case Number:	CM14-0064835		
Date Assigned:	07/11/2014	Date of Injury:	06/24/2011
Decision Date:	08/26/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/07/2014

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 Preventive 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:

According to the records made available for review, this is a 60-year-old male with a 6/24/11 date of injury, and L3-L4 laminectomy, L3-4 and L4-5 posterior lumbar fusion on 1/20/12. 4/4/14 request for authorization consisted of one multidisciplinary evaluation including one physical therapy evaluation, pain specialist physical evaluation, pain psychologist evaluation, treatment planning meeting, team meeting with patient and Soma 350mg #30. There is documentation of subjective (low back pain) and objective (decreased lumbar spine range of motion, abnormal gait, and decreased S1 reflex) findings, current diagnoses (bilateral sacroiliac joint pain and lumbar post laminectomy syndrome), and treatment to date (medications (including ongoing treatment with Soma since at least 11/12/13), chiropractic therapy, physical therapy, and epidural steroid injections). Medical report identifies failure of treatments to date; that the patient is unable to work fulltime due to pain; patient is not a candidate for surgery; and the patient wants to increase work hours. In addition, medical report identifies that Soma use helps in decreasing pain. Regarding Soma, there is no documentation of the intention to treat over a short course (less than two 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 Soma use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 multidisciplinary evaluation including one physical therapy evaluation, pain specialist physical evaluation, pain psychologist evaluation, treatment planning meeting and team meeting with patient: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of bilateral sacroiliac joint pain and lumbar post laminectomy syndrome. Therefore, based on guidelines and a review of the evidence, the request for 1 multidisciplinary evaluation including one physical therapy evaluation, pain specialist physical evaluation, pain psychologist evaluation, treatment planning meeting and team meeting with patient is medically necessary.

Soma 350mg #30: Upheld

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

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. Official Disability Guidelines 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 bilateral sacroiliac joint pain and lumbar post laminectomy syndrome. In addition, there is documentation of ongoing treatment with Soma with pain relief. However, there is no documentation of acute muscle spasms or acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Soma since at least 11/12/13, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, despite documentation

of pain relief with Soma use, 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 Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg #60 is not medically necessary.