

Case Number:	CM14-0073877		
Date Assigned:	07/16/2014	Date of Injury:	11/18/2002
Decision Date:	08/29/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 & Rehab 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:

The injured worker is a 50-year-old male who reported an injury on 11/18/2002. The mechanism of injury was not stated. Current diagnoses include lumbar discopathy and status post lumbar microdiscectomy and decompression. The injured worker was evaluated on 04/08/2014 with complaints of persistent lower back pain. Physical examination revealed no acute distress, a non-antalgic gait, tenderness in the paraspinous musculature of the lumbar region, midline tenderness in the lumbar spine, positive muscle spasm, limited lumbar range of motion, spasm, decreased sensation in the foot dorsum and posterolateral calf, grade IV plantar flexor and toe extensor weakness, and positive straight leg raising. Treatment recommendations included prescriptions for hydrocodone 10/325 mg, Soma 350 mg, Fluriflex cream, and TGHOT cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants-Carisprodol(soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 63-66 and 124 Page(s): 63-66 and 124.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 weeks to 3 weeks. There was no frequency listed in the current request. As such, the request is non-certified.

Fluriflex 240mg cream #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 Page 111-113 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication. There is also no frequency listed in the current request. As such, the request is non-certified.

TGHot 240mg cream #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 Page 111-113 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication. There is also no frequency listed in the current request. As such, the request is non-certified.