MAXIMUS Federal Services

Case Number:	CM14-0090917		
Date Assigned:	09/19/2014	Date of Injury:	01/15/2009
Decision Date:	12/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/16/2014

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 Family Medicine and is licensed to practice in Florida. 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 patient is a 32-year-old male with a date of injury of 1/15/2009. The mechanism of injury is not discussed in the provided documentation. He has chronic back pain and disc degeneration of the lumbar spine. He has a history of treatment with an epidural steroid injection on 10/9/2013. A 12/19/2013 note states the following pertinent positives on physical exam: tenderness to palpation over the lumbar spine, and pain with extension and rotation. Positive straight leg raising test at 90 degrees (on which extremity this is not specified.) It should be noted that the provided documentation is rather paltry. A utilization review physician did not certify requests for Soma and Duexis. Therefore, an Independent Medical Review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H2 ANTAGONISTS Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: California MTUS guidelines state regarding H2-receptor antagonists, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different

NSAID, or consider H2-receptor antagonists or a PPI." In this patient's case there is no documentation of NSAID induced dyspepsia. Likewise, this request for Duexis is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100,97.

Decision rationale: In accordance with the California MTUS guidelines, Soma is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP.... Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Soma is not medically necessary.