

Case Number:	CM14-0186590		
Date Assigned:	11/14/2014	Date of Injury:	08/24/2012
Decision Date:	01/05/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/10/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 45 year old female with a work injury dated 8/24/12. The diagnoses include calcaneal spur, degeneration of lumbar disc, and spondylosis with myofascial pain. Under consideration are requests for Soma 350mg quantity 10; [REDACTED] Interdisciplinary Pain Rehabilitation Program evaluation quantity 1.00; Skelaxin 800mg quantity 10.00. There is a progress note dated 10/12 /14 which states that the patient has myofascial pain in the cervical and lumbar region. She has done her best to maintain work, but feels that her livelihood is threatened by her ongoing symptoms. She has done physical therapy and while making progress is still troubled by pain. She continues her medications appropriately although she wishes to come off of them as well. The patient remains committed to working regularly. The patient has stress and depression. Current meds; Soma, Skelaxin, Meloxicam; the treatment plan includes a request for authorization for a [REDACTED] Interdisciplinary Pain Rehabilitation Program Evaluation. The patient has previously undergone methods of treating chronic pain which have been ineffective in managing her pain and an evaluation for participation in an interdisciplinary Pain Rehabilitation. She will finish remaining physical therapy 3. Refill her medications 4. Schedule a follow-up appointment in 6 weeks. There is a document dated 7/24/13 that states that in the patient had an office visit dated Oct 24, 2012 for opinion on management of persistent, constant low back pain with radiation into right buttock 6-8/10 level status post MVA. Her medications included Norco, Ativan, Soma, Skelaxin and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg quantity 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Muscle relaxants (for pain) Page(s): 61, 65, 63.

Decision rationale: Skelaxin 800mg quantity 10.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Skelaxin is reported to be a relatively non-sedating muscle relaxant. 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. The documentation indicates that the patient has been on Skelaxin dating back to 2012. The documentation indicates the patient has chronic pain rather than acute exacerbation of pain. The request for Skelaxin 800mg quantity 10.00 is not medically necessary.

Soma 350mg quantity 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 24,29.

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(chronic), Carisoprodol (Soma).

Decision rationale: Soma 350mg quantity 10 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term for chronic pain dating back to 2012 which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma 350mg quantity 10 is not medically necessary.

Interdisciplinary Pain Rehabilitation Program evaluation quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: HELP Interdisciplinary Pain Rehabilitation Program evaluation quantity 1.00 per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend a

chronic pain program when there has been an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. The patient must have a significant loss of ability to function independently resulting from the chronic pain. The documentation submitted does not reveal that the patient has a significant loss of ability to function independently. The documentation indicates that the patient is working regularly. The request for an interdisciplinary pain rehabilitation program evaluation is therefore not medically necessary.