

Case Number:	CM14-0189345		
Date Assigned:	11/20/2014	Date of Injury:	07/27/2003
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/13/2014

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 North Carolina. 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:

This 52 year old female continues to complain of chronic lumbar backache and recurrent myofascial strain pain from a reported work related injury reported on 7/27/2003. Diagnoses include chronic neuromusculoskeletal pain syndrome (CNPS), lumbar facet syndrome with lumbar facet hypertrophy, and arthropathy on the right side of L3-L4, L4-L5 and L5-S1. Treatments have included: consultations; diagnostic studies that include MRI of the lumbar spine, urine drug screens (UDS) and electromyography; surgery and medication management. Pain Management re-evaluation notes, dated 5/16/2014, show reports of continued low back and right knee pain, exacerbated by prolonged sitting or standing. Current medications are noted to include Norco for severe pain, Carisoprodol (Soma), and Trazadone for anxiety. Objective findings are noted to include: a decreased range of motion (ROM), decreased forward flexion and extension, lateral bending and rotation of the lumbar spine; pain on the spinous process on the midline at lumbar (L) 4-L5 and L5-sacral (S) 1; pain on the facets of L3-L4, L4-L5 and L5-S1; with facet loading > on the right than left; moderate intensity muscle spasms from L2-L5; and positive "Patrick Fabere's" test > on the right side. Right knee exam findings noted a decrease to extension with pain in the sub-patellar area close to the joint line, positive McMurray's, no swelling, and an intact patella with 2+ deep tendon reflexes in the patellar and Achilles tendons that were with good peripheral pulses. Diagnostic impressions noted the MRI of the lumbar spine revealing L4-L5 and L5-S1 disc protrusions with no foraminal narrowing; L4-L5 & L5-S1 facet hypertrophy and arthropathy; status-post (s/p) right knee arthroscopy surgery with residual pain; previous electrodiagnostic evidence of L5 radiculopathy; and rule out meralgia paresthetica. The discussion & treatment plan included: having had a facet block without radiofrequency facet ablation for long-term relief, 1 year prior, that criteria was met to request another lumbar facet block at L4-L5 and L5-S1 medial branches; also because more

mechanical pain is being caused in the low back due to favoring the right lower extremity from knee pain, a re-evaluation by an Orthopedic surgeon along with reconsideration for physical therapy was requested; Also requested are a repeat MRI of the right knee; Norco as needed for pain; Norflex and Trazodone at night; local FluriFlex and TGice twice a day to the lumbar facets and right knee; a toxicology test ; and a re-evaluation in 8 weeks. The pain management operative report, dated 7/23/2014, noted a L4-L5 and L5-S1 right lumbar differential diagnostic facet block under fluoroscopy, medial branches of L3 & L4, and dorsal primary ramus of L5 on the right side; to provide pain relief. Pain management re-evaluation notes, dated 8/25/2014, shows continued subjective complaints of persistent low back and right knee pain and that the facet block (with 2% Lidocaine) only provided 2 full hours of relief before returning to a rated pain of 8/10 with exacerbation due to prolonged sitting and having to frequently reposition, as well as limitations in activities of daily living (ADL) because of the pain. Objective findings noted no significant changes. Toxicology testing of the IW for compliance to the current medication regimen was sent to the lab, with results pending. The discussion and treatment plan noted good improvement with diagnostic facet block in locating one of the main pain generators of the persistent axial pain, and leading to the recommendation, and request, for a right lumbar radiofrequency facet ablation at L4-L5 and L5-S1 medial branches for the purpose of long-term relief; possible treatment to the left lumbar facet if a good response is noted to the right and left side pain persists; a refill of Norco for severe pain, Soma and Trazadone at bedtime; future toxicology testing; and a re-evaluation in 6 weeks. The 8/25/2014 Toxicology laboratory testing noted negative findings for everything tested, except for Opiates, Oxycodone, continue re-screen for Ethanol, Acetaminophen and Acetaminophen Screen. No impression of this testing was noted. On 10/15, 2014, Utilization Review non-certified a request for Soma 350mg, #60, as not medically necessary, but did modify the request to allow for a 1 month's supply for a recommended weaning process. It was cited that the IW did not have any evidence of acute myospasm/pain, or breakthrough pain, and that this medication had no proven evidence-based efficacy in chronic neuromusculoskeletal pain; and was only recommended for acute myospasm/pain for an initial 6 weeks because it produces intense sedation with severe compounded side effects when prescribed with opioids (Norco). A 1 month weaning dose was prescribed for the purpose of preventing the potential for a cognitive dysfunction with loss of judgment or withdrawal symptoms which could be potentiated with an abrupt withdrawal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, sixty count, provided on August 25, 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007)

(Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004), Carisoprodol (Soma, Soprodal, Vanadom, generic available): Neither of these, formulations is recommended for longer than a 2 to 3 week period. This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.