

Case Number:	CM14-0194468		
Date Assigned:	11/25/2014	Date of Injury:	01/04/2001
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/20/2014

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 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:

This is a 56 years male patient who sustained an injury on 1/4/2001. He sustained the injury due to lifting a large metal sheet and bending. The current diagnoses include post lumbar laminectomy syndrome; lumbar radiculopathy; lumbar facet syndrome and knee pain. Per the doctor's note dated 11/6/2014, he had complaints of low back and left knee pain. The physical examination revealed antalgic gait, lumbar spine- restricted range of motion, positive lumbar facet loading on both sides, positive straight leg raising test on the left side in sitting at 80 degrees; left knee - no limitation in flexion, extension, internal rotation or external rotation, no crepitus with active movement, but some clicking from TKR, tenderness to palpation over the medial joint line and patella and 1+ effusion in the left knee joint; 4/5 strength in left EHL and decreased sensation in left L5 and bilateral L4 dermatomes. The medications list includes Pennsaid solution, Duloxetine, Famotidine, Ibuprofen, Alprazolam, Gabapentin, Xanax, Carisoprodol, DHEA and Hydrocodone-Acetaminophen. He has had lumbar MRI dated 9/24/2001; lumbar CT dated 5/3/2012 which revealed transitional spondylosis at L3-4 with some central stenosis; EMG/NCS dated 9/4/12 which revealed chronic left L4 and L5 radiculopathy. He had undergone several lumbar surgeries, most recent surgery- a lumbar fusion surgery at the L3-L4 level on 3/5/2013 and left total knee replacement on 7/13/11. He has had physical therapy visits and epidural steroid injections for this injury. He has had urine toxicology report dated 6/27/14 which were positive for methamphetamine and benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain) Page(s): 29; 64.

Decision rationale: According to California MTUS, Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic Pain Medical Treatment 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. Per the guideline, "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. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The CA MTUS Chronic Pain Guidelines do not recommend Soma for long term use. The need for Soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Evidence of muscle spasm is not specified in the records provided. The medical necessity of Carisoprodol 350mg #90 is not established in this patient at this time.

Dehydroepiandrosterone (DHEA) 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -Lumbar & Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Thompson Micromedex Place in therapy-DHEA

Decision rationale: CA MTUS, ACOEM and ODG do not address this request. Per the cited references "Based on available data, the place in therapy of dehydroepiandrosterone (ie, when the steroid should be used considering all other treatment modalities) cannot be ascertained in any potential indication. At present, the only recommendation that can be made for dehydroepiandrosterone is systemic lupus, where it may reduce concomitant steroid dosage and provide clinical improvement in some patients. However, as with other conditions, studies in this area are small, and a larger, well-controlled study is required to confirm benefits. Data are insufficient to recommend dehydroepiandrosterone for slowing or reversing any process of aging, and the drug has no proven benefit as a nutritional supplement; although dehydroepiandrosterone and dehydroepiandrosterone sulfate levels decline with age, this alone does not support a need for replacement. No study has investigated the efficacy of

dehydroepiandrosterone as an ergogenic agent in athletes; androstenedione supplementation in young men undergoing resistance training had no effect on muscle size, strength, or overall body composition in one study." Therefore, there is no highgrade scientific evidence to support use of DHEA- Dehydroepi-androsterone for this diagnosis in this patient. Evidence of systemic lupus is not specified in the records provided. The medical necessity of Dehydroepi-androsterone (DHEA) 25mg #30 is not established for this patient.