

Case Number:	CM14-0074382		
Date Assigned:	09/18/2014	Date of Injury:	03/20/2010
Decision Date:	02/23/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 26 year old female with a reported industrial injury on March 20, 2010, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on May 5, 2014, for follow-up visit with her primary care physician. The presenting complaints included lower back that fluctuates depending on activity level and the pain is controlled fairly well with her medications. The injured worker reports standing and bending slightly is still very painful. The physical exam revealed lumbar spine, range of motion restricted with flexion limited to 90 degrees due to pain, extension limited to 15 degrees due to pain, lateral rotation to the left and right limited to 45 degrees. Straight leg raise test was positive on the right side in sitting position at 45 degrees. Neurologic testing was all within normal limits. The diagnostic studies have included Magnetic resonance imaging (MRI) of lumbar spine dated October 6, 2010 which revealed minimal right posterolateral disc bulge at L5-S1, slightly narrowing the anterior-inferior right neural foramen without gross encroachment of the L5 nerve root, mild dextro curvature of the lumbar spine and normal asymmetry of para vertebral vascular struction dominant on the left. On December 12, 2013 a discogram was performed revealing typical concordant pain with an abnormal disk noted at L5-S1. The medical treatment is Miralax Powder, Cymbalta, Soma, Duexis, Norco, Fentanyl, physical therapy which the number of sessions or dates were not provided but the progress note dated December 16, 2013 mentions it as well as the injured worker was doing home exercise program. Diagnoses are Lumbar or Lumbosacral Disc Degeneration, Lumbago, Thoracic or Lumbosacral neuritis or Radiculitis and Lumbar Facet Syndrome. The treatment plan includes, request for Cymbalta 30mg number 60

with 3 refills, Soma 350mg number 60 with 2 refills, Duexis 800-26.6mg number 90 with 3 refills and Miralax Powder 17gm number 1 with 3 refills. On May 7, 2014, the provider requested Cymbalta 30mg number 60 with 3 refills, Soma 350mg number 60 with 2 refills, Duexis 800-26.6mg number 90 with 3 refills and Miralax Powder 17gm number 1 with 3 refills, on May 14, 2014, the Utilization Review non-certified Cymbalta 30mg number 60 with 3 refills, Soma 350mg number 60 with 2 refills, and certified the request for the Duexis 800-26.6mg number 90 with 3 refills and Miralax Powder 17gm number 1 with 3 refills, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60 refills 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta Page(s): 43-44.

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic lower extremity radicular pain. In terms of Cymbalta (duloxetine), it can be recommended as an option in the first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. The requested dose is consistent with that recommended and therefore is medically necessary.

Soma 350mg #60 refills 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic lower extremity radicular pain. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.