

Case Number:	CM15-0002719		
Date Assigned:	01/13/2015	Date of Injury:	09/25/2007
Decision Date:	03/16/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59-year-old male who reported an injury on 09/25/2007. There was a Request for Authorization submitted for review dated 01/06/2015. The documentation of 01/05/2015 revealed the injured worker had complaints of bilateral low back pain. Prior medications were noted to include Flexeril, Medrol Dosepak, Skelaxin, Naprosyn, Therabenzaprine, Soma, and Robaxin. The injured worker's current medications included ibuprofen, Ultracet 37.5/325 mg, and Celebrex 200 mg, as well as Soma as needed. The injured worker was noted to undergo a lumbar discectomy on 06/17/1987. The mechanism of injury was not provided. The injured worker had tenderness upon palpation of the lumbar paraspinal muscles overlying the right T10-L2 facet joints. The injured worker had 4+/5 muscle strength in the bilateral tibialis anterior and extensor hallucis longus and iliopsoas. The diagnoses included lumbar and thoracic facet joint pain, lumbar and thoracic facet joint arthropathy, central lumbar focal disc protrusion, lumbar sprain/strain, and lumbar degenerative disc disease. Request was made for an appeal of the Soma 350 mg 1 tablet daily as the injured worker had acutely aggravated spasms that were not relieved by baclofen. The documentation indicated the medication decreased the injured worker's spasms by 60% and the injured worker had 60% improvement in activities of daily living including self care and dressing with the medication. The injured worker had an up to date pain contract and the injured worker's urine drug screens were consistent. Additionally, the request was made for a Medrol Dosepak to treat the injured worker's acutely aggravated low back pain. The prior Request for Authorization form was dated

12/12/2014. The documentation of 12/08/2014 revealed the same objective findings. This was the original date of request for the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 360mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized this classification of medications for an extended duration of time. There was documentation of objective functional improvement and an objective decrease in pain and it was indicated that the injured worker's spasms were not controlled with baclofen. However, the request as submitted failed to indicate the frequency for the requested medication. Additionally, the Soma dosage is 350 mg, not 360 mg, which was not a determining factor in denial. Given the above, the request for Soma 360 mg #30 is not medically necessary.

Medrol Dose Pack QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Guidelines, Pain Chapter, Oral corticosteroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: The Official Disability Guidelines indicate the criteria for the use of corticosteroids include the injured worker should have clear cut signs and symptoms of radiculopathy. The risk of steroids should be discussed with the injured worker and documented in the record and they should be made aware of the evidence that research provides little evidence of effect of the medication and it should be documented in the record. Additionally, current research indicates that early therapy treatment is most successful and treatment in the chronic phase of the injury should generally be after a symptom free period with subsequent exacerbation or when there is evidence of a new injury. The clinical documentation submitted for review indicated the injured worker had an acute exacerbation. However, there was a lack of documentation of clear cut signs and symptoms of radiculopathy. There was a lack of documentation indicating the risks of steroids had been discussed and indicating the injured

worker was made aware of evidence providing limited evidence of effect with medication. The request as submitted failed to indicate the frequency for the requested medication and the strength. Given the above, the request for a Medrol Dose Pack QTY: 1 is not medically necessary.