MAXIMUS Federal Services

Case Number:	CM15-0002772		
Date Assigned:	01/13/2015	Date of Injury:	12/10/1999
Decision Date:	03/23/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/07/2015

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 51-year-old male who reported injury on 12/10/1999. The mechanism of injury was not provided. The documentation indicated the injured worker had a lumbar L2 and L3 laminectomy on 10/25/2013. Other therapies were not provided. The documentation indicated the injured worker had utilized Voltaren gel and opioids as well as Soma since at least 06/2014. The injured worker underwent an MRI of the lumbar spine on 06/13/2013. The prior treatments were not provided. There was a Request for Authorization submitted for 12/08/2014. The documentation of 12/03/2014 revealed the injured worker was utilizing OxyContin, Soma, and Ambien CR with good benefit and was tolerating it well. The injured worker indicated he had always had Voltaren gel as the injured worker was unable to take NSAIDs due to significant GI upset. The injured worker indicated that the Voltaren gel significantly helped the low back pain. The injured worker indicated he would like to see [redacted] to re-evaluate the spinal cord stimulator. The injured worker indicated he had increased pain in the legs. The diagnoses included failed back surgery L3-5 fusion, lumbar stenosis, failed SCS with dead battery, and opioid dependence. The treatment plan included a continuation of OxyContin 60 mg, OxyContin 30 mg, Ambien CR, Soma 350 mg 1 by mouth q. day #25 with future auto refill, and Voltaren gel 1% 5 gram top to pain area on back 4 times a day 5 tubes with refill x3. The documentation indicated, with the medications, the injured worker was able to help around the house and do some walking, as well as provide self care. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

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. 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 the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation of objective functional benefit received specifically from the Soma. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for Soma 350mg #30 is not medically necessary.

Voltaren 1% gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend Voltaren gel for the relief of osteoarthritis pain in joints that lend themselves to topical creams such as the ankle, foot, hand, knee, and wrist. The clinical documentation submitted for review indicated the injured worker had utilized the medication, and with medications he was able to help around the house and do some walking and provide self care. The injured worker indicated he had utilized the medication for an extended duration of time. This medication would be appropriate for continued use. However, there was a lack of documentation per the submitted request of the quantity of medication being requested as well as documentation of the body part to be treated. Given the above, the request for Voltaren 1% gel is not medically necessary.