

Case Number:	CM15-0007756		
Date Assigned:	01/26/2015	Date of Injury:	08/13/2008
Decision Date:	03/26/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained a work related injury on August 13, 2008. He sustained back injuries as a floor installer while lifting, bending, stooping, kneeling and repetitive motions. Treatments included physical therapy, pain medications, lumbar spine surgery four times, spinal cord stimulator and epidural steroid injections. Magnetic Resonance Imaging (MRI) revealed degenerative disc disease with narrowing and scoliosis. Diagnoses included lumbar radiculopathy, lumbar fusion, chronic pain, opiate dependence and status post detoxification. Currently, the injured worker complains of persistent back pain, insomnia due to ongoing pain and limitations with activities of daily living. On December 16, 2014, a request for a prescription for Soma 350 mg, #30 between December 8, 2014 and February 10, 2015, was non-certified, noting the California chronic pain medical treatment guidelines. A request for a prescription for Suboxone 8mg #45 was certified.

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.

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

Decision rationale: The California MTUS Guidelines do not recommend the use of Soma and state that this medication is not indicated for long term use. The documentation provided does not support that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to supports its continuation. Also, there was a lack of documentation indicating how long the injured worker has been using this medication and without this information continuing it would not be supported. Furthermore, this medication is not supported for use by the guidelines. As such, the request is not medically necessary.

Suboxone 8mg, #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines that an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects be performed during opioid therapy. The documentation provided does not show that the injured worker has had a quantitative decrease in pain or an objective functional improvement with the use of this medication. Also, official urine drug screens or CURES reports were not provided for review to validate compliance with the medication regimen. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.