MAXIMUS Federal Services

Case Number:	CM15-0133738		
Date Assigned:	07/21/2015	Date of Injury:	04/23/2012
Decision Date:	08/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/10/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 39-year-old male who sustained an industrial injury on 04/23/2012. Diagnoses include chronic low back pain and status post lumbar spine surgery. Treatment to date has included medications, bracing and physical therapy. Lumbar spine x-rays dated 1/20/15 and 4/21/15 showed a stable mild anterior wedge compression of the superior endplate of L4 and status post L5-S1 disc replacement with stable alignment and hardware. According to the PR2 dated 5/6/15, the IW reported low back pain rated 7/10 all the time, but is 10/10 with activity. He also reported numbness and tingling. On examination, his gait was slightly antalgic and heel and toe ambulation was painful. Range of motion of the lumbar spine was grossly within normal limits, except flexion, which was close to patellar level and painful. The paravertebral muscles were extremely tender and worse at L4-L5. Sensation was intact to the bilateral lower extremities. Straight leg raise was positive bilaterally at 25 degrees. A request was made for Soma 350mg, #30 for muscle spasms and Lyrica 25mg, #60.

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 relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 64.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication and this medication is not recommended by guidelines. The request for Soma 350 mg #30 is not medically appropriate or necessary.

Lyrica 25mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 99.

Decision rationale: Guidelines recommend Lyrica for treatment of diabetic neuropathy and postherpetic neuralgia after first line agents have failed. In this case, there is no mention of either of these disorders and there is no mention of previous failure of antiepileptic drugs. The request for Lyrica 25 mg #60 is not medically appropriate or necessary.