

Case Number:	CM15-0183110		
Date Assigned:	09/24/2015	Date of Injury:	09/02/2009
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on 09-02-2009 when she twisted her back. The injured worker was diagnosed with chronic lumbago with bilateral lower extremity radiculopathy, lumbar disc desiccation, herniation and lumbar stenosis. According to the treating physician's progress report on June 8, 2015, the injured worker returns after not receiving treatment since 2012 for low back pain with bilateral lower extremity pain to both calves with intermittent leg weakness and numbness. The injured worker rated her pain level at 5 out of 10 on better days and 10 out of 10 on the pain scale during flare-ups. Examination demonstrated tenderness to palpation of the bilateral lumbar paraspinal muscles and lumbosacral junction. Lumbar spine range of motion was significantly decreased producing back pain. Straight leg raise was negative bilaterally although causing pain. Motor examination of the lower extremity showed a subtle weakness of the left extensor hallucis longus muscle, otherwise within normal. Sensory and deep tendon reflexes were intact. Bilateral hip and knee range of motion were within normal limits. Past treatments included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) on April 16, 2015, physical therapy, chiropractic therapy and medications. Current medication was noted as Benadryl. Treatment plan consists of a translaminar epidural steroid injection at L5-S1 and the current request for Ultracet 37.5/325mg, #80 and Soma 350mg, #90. On August 17, 2015, the Utilization Review modified the request for Ultracet 37.5/325mg, #80 to Ultracet 37.5/325mg, #72 and Soma 350mg, #90 to Soma 350mg, #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg qty 80.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS recommends opioids for chronic use when the patient has the ability to return to work and has documented significant pain relief and improvement in function. Ultracet contains Tramadol and Acetaminophen. Tramadol is a centrally-acting synthetic opioid for mild to moderate pain. Ongoing use of opioids requires should include ongoing review and documentation of pain relief, functional status, appropriate use and side effects. In this case, the patient is being treated for chronic low back pain. The records do not document compliance with a pain management contract. In addition, there is no evidence of functional improvement justifying continuation of long-term opioid therapy. Therefore, the request is not medically necessary or appropriate.

Soma 350mg qty 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines do not recommend the muscle relaxant SOMA as it is not indicated for long-term use. SOMA is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary metabolite is meprobamate. The injured worker has documented prolonged use of SOMA, which is not recommended by the guidelines. Additionally, the efficacy of the medication is unclear. Therefore, the request is not medically necessary or appropriate.