

Case Number:	CM15-0211113		
Date Assigned:	10/29/2015	Date of Injury:	07/07/1995
Decision Date:	12/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/27/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old male, who sustained an industrial injury on 7-7-1995. A review of the medical records indicates that the injured worker is undergoing treatment for post lumbar laminectomy syndrome, spinal-lumbar degenerative disc disease, and low back pain. On 9-9-2015, the injured worker reported back pain radiating from the low back down both legs, rated with medications as 4 on a scale of 1 to 10, without medications an 8 on a scale of 1 to 10. The Treating Physician's report dated 9-9-2015, noted the injured worker reported taking his medications and that they were working well, and with medications the injured worker reported he was less sedentary. The injured worker's current medications were noted to include Lyrica, Norco, Avinza, Soma, and Phenergan. A urine toxicology report dated 2-25-2015 was noted to be consistent with prescribed medications. The physical examination was noted to show lumbar spine restricted range of motion (ROM) with palpation paravertebral muscles, spasm, tenderness, and tight muscle band noted bilaterally with spinous process tenderness noted on L5 with positive bilateral straight leg raise and tenderness was noted over the sacroiliac spine. Prior treatments have included 2 prior lumbar spine fusion surgeries. The treatment plan was noted to include a continued current medication regimen with Avinza keeping the pain stable decreased from 7.5+ out of 10 to 4 out of 10, prescribed since at least 4-22-2015, Norco noted to immediately decrease flared pain from 8+ out of 10 to a "more manageable level" prescribed since at least 4-22-2015, Soma for severe muscle spasm noted by the injured worker as having less frequent and less severe spasms, prescribed since at least 4-22-2015, Lyrica for neuropathic pain, prescribed since at least 4-22-2015, and Phenergan for nausea associated with Avinza,

prescribed since at least 4-22-2015. The injured worker's work status was noted to be permanent and stationary. The request for authorization dated 9-16-2015, requested Lyrica 150mg capsule BID #60 with 1 refill, Avinza 60mg capsule take 1 daily #30, Norco 10-325mg tablet take 1 every 4-6 hours as needed for pain #150, Soma 350mg tablet TID as needed #90, and Phenergan 25mg tablet take 1 daily as needed #30. The Utilization Review (UR) dated 9-23-2015, certified the requests for Lyrica 150mg capsule BID #60 with 1 refill, Avinza 60mg capsule take 1 daily #30 and Norco 10-325mg tablet take 1 every 4-6 hours as needed for pain #150, and non-certified the request for Phenergan 25mg tablet take 1 daily as needed #30 and modified the request for Soma 350mg tablet TID as needed #90, with certification of #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg tablet take 1 daily as needed #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Anti-emetics.

Decision rationale: CA MTUS/ACOEM is silent on the issue of promethazine (Phenergan). According to the ODG Chronic Pain Chapter, Anti-emetics is used to counteract opioid induced nausea for a period of less than 4 weeks. In this case there is insufficient evidence from the records of 9/9/15 opioid induced nausea to warrant the use of Phenergan. The ODG guidelines do not recommend use greater than 4 weeks. Therefore the determination is not medically necessary.

Soma 350mg tablet TID as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long-term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. In this case, the exam note from 9/9/15 does not demonstrate prior dosages and response to Soma. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam notes provided. In addition, the guidelines do not recommend long-term use. Therefore the determination is not medically necessary.

