

Case Number:	CM15-0034459		
Date Assigned:	03/02/2015	Date of Injury:	10/31/1994
Decision Date:	04/14/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/24/2015

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

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 a 44-year-old male, who sustained an industrial injury on October 31, 1994. He has reported a continuous trauma injury. The diagnoses have included lumbar spine pain, lumbar spine radiculopathy, lumbar spine strain, lumbar spine sciatica, lumbar spine herniated nucleus pulposus, lumbar spine stenosis, bilateral sacroiliitis, evidence of acute right S1 and left L5, S1 lumbosacral radiculopathy and multilevel disc bulges. Treatment to date has included diagnostic studies, bilateral diagnostic sacroiliac lidocaine blocks, physical therapy and medication. On December 23, 2014, the injured worker complained of throbbing, aching pain in his lumbar spine with radiation into his bilateral legs. His lumbar spine was rated a 7 on a 1-10 pain scale and bilateral leg pain was rated a 5/10 on the pain scale. He also complained of numbness in his right upper thigh, left knee and left calf. On January 22, 2015 Utilization Review non-certified Soma 350mg and Hydrocodone/Acetaminophen, noting non-MTUS guidelines. On February 24, 2015, the injured worker submitted an application for Independent Medical Review for review of Soma 350mg and Hydrocodone/Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient is status post right sided L4-5 and L5-S1 microdiscectomy on 10/10/14 and continues to complain of pain in the lower back that radiates into the bilateral legs. The current request is for Soma 350mg. The medical file does not include a Request for Authorization form. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." This patient has been prescribed Soma since 11/25/14. On 12/23/14, recommendation was made for refill of Soma 350mg "to reduce muscle spasms." MTUS Guidelines supports the use of Soma for short course of therapy, not longer than 2 to 3 weeks. Given that this medication has been provided for long-term use, this request is not medically necessary.

Hydrocodone/Acetaminophen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient is status post right sided L4-5 and L5-S1 microdiscectomy on 10/10/14 and continues to complain of pain in the lower back that radiates into the bilateral legs. The current request is for Hydrocodone/Acetaminophen. The medical file does not include a Request for Authorization form. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient was provided this medication on 10/14/14 following his lumbar surgery. Subsequently progress reports indicated a refill was provided but there is no discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required

by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.