

Case Number:	CM15-0035009		
Date Assigned:	03/03/2015	Date of Injury:	10/05/1998
Decision Date:	04/20/2015	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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old female who reported an injury on 10/05/1998. The mechanism of injury was not stated. The current diagnosis is chronic multifactorial low back pain with left lumbar radiculopathy. The injured worker presented on 01/07/2015 for a follow up evaluation with complaints of 7/10 pain. Previous conservative treatment includes an L3-4 transforaminal epidural steroid injection in 06/2014 along with medication management. The current medication regimen includes methadone 10 mg, OxyContin IR 15 mg, gabapentin 300 mg, Soma 350 mg, docusate 50 mg, and ibuprofen 800 mg. Upon examination, there was limited lateral flexion, right greater than left tenderness over the L4 transverse process, decreased sensation in the left L4 distribution, and a mild left sided antalgic gait. Recommendations included a repeat transforaminal epidural steroid injection and continuation of the current medication regimen. A request for authorization form was then submitted on 01/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Soma 350mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has utilized the above medication since at least 11/2014. There was no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity for the ongoing use of Soma 350 mg has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

1 request for 1 transforaminal LESI at left L3-L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines state repeat injections are based on continued objective documented pain and functional improvement including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. Documentation of objective functional improvement following the initial procedure was not provided. There was no objective evidence of radiculopathy upon examination. There were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of lumbar radiculopathy. Additionally, there was no mention of a recent attempt at conservative management in the form of exercise of physical methods. Given the above, the request is not medically appropriate.