

Case Number:	CM15-0035055		
Date Assigned:	03/03/2015	Date of Injury:	10/15/2011
Decision Date:	04/24/2015	UR Denial Date:	02/02/2015
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, Arizona 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 29-year-old female who reported an injury on 10/15/2011. The mechanism of injury was the injured worker strained her low back when she was helping as a guide at an offsite event at [REDACTED], which was a search for fossils, and the injured worker twisted her back. Prior treatments included physical therapy and epidural steroid injection. The injured worker had undergone urine drug screens. Prior diagnostic studies included an EMG and an MRI. The injured worker was noted to be treated for gastroesophageal reflux. The documentation indicated the injured worker had utilized the medications including Soma, opiates, and Restoril since at least 06/2014. The injured worker was noted to undergo urine drug screens. The documentation of 01/20/2015 revealed the injured worker had pain that was sharp, stabbing, burning, and constant. There were paresthesias. There was numbness and weakness. The injured worker had low back pain that was burning sensation with off and on sharp shooting that radiated into the bilateral hips, right greater than left. It additionally radiated into the right leg. The injured worker indicated that she was able to perform activities of daily living, including cleaning, showering, cooking, and dressing, with current medication regimen. The pain level was 6/10 to 8/10 and pain had decreased since the last visit. Objectively, the injured worker had tenderness to palpation over the bilateral L3-S1 facets. The injured worker had paralumbar spasms that were 2+ and tender to palpation bilaterally. The injured worker had atrophy in the quadriceps. Sensation to light touch was decreased bilaterally. Motor sensation was 5/5. The diagnosis was lumbar disc displacement, lumbar radiculopathy, and low back pain, painful swelling of joint, idiopathic peripheral neuropathy, and gastroesophageal reflux. The treatment plan included Prilosec 20 mg #30, Neurontin 300 mg 1 capsule twice a day, Soma 350 mg 1 tablet twice a day, and Restoril 30 mg 1 capsule at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg, sixty count is not medically necessary.

Percocet 7.5/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective decrease in pain and objective improvement in function. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional improvement and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 7.5/325 mg, sixty count is not medically necessary.

Restoril 30 mg, thirty count: 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 Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time.

The clinical documentation submitted for review failed to provide documentation of exceptional factors. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Restoril 30 mg, 30 count is not medically necessary.