

Case Number:	CM15-0038002		
Date Assigned:	03/06/2015	Date of Injury:	11/17/2003
Decision Date:	07/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 57 year old male who sustained an industrial injury on 11/17/03 resulting in back injury. He received medical care, given medications, taken off work and sent for x-rays which showed bilateral spondylosis at L5. He had a lumbar MRI (12/15/03) the showed an annular disc bulge that included evaluations, exams and treatments. He had back surgery in 2004. He eventually developed sleep problems and psychological distress due to persisting and worsening pain. He currently complains of low back and buttocks pain, with numbness in the groin area and radiating to the left leg with numbness and tingling. His pain level is 8/10. Physical exam of the lumbar spine shows tenderness to palpation of lumbar paraspinals, decreased range of motion, and positive straight leg raise on the left to the posterior knee. Medications include Norco, Prilosec. Cures report from 1/5/15 was consistent. Diagnoses include lumbar radiculopathy, status post lumbar fusion at L4-S1; left sacroiliitis; failed back surgery syndrome. Treatments to date include left sacroiliac injection (9/27/13) with temporary relief; medications; home exercise program. Diagnostics include MRI of the lumbar spine (1/19/13); MRI of the lumbar spine (12/21/13) showing degenerative disc disease, facet arthropathy and retrolisthesis, neural foraminal narrowing; computed tomography of the lumbar spine (4/29/14) showing degenerative disc disease, facet arthropathy, and bilateral foraminal stenosis; MRI of the pelvis (12/21/13) showing right greater than left hip degenerative spurring. In the progress note dated 1/5/15 the treating provider's plan of care includes Soma to help with muscle spasms; spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial x2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal Cord Stimulator (SCS) and Other Medical Treatment Guidelines UpToDate, Intractable Low Back Pain.

Decision rationale: MTUS and ODG state, "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial". While Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I are possible conditions for use of spinal cord stimulator, ODG and MTUS additionally clarifies that evidence is limited and "more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain". The medical documentation provided indicates this patient has been on chronic opioid therapy and has been participating in a home exercise program without objective signs of functional improvement. The treating physician has indicated this patient is not a surgical candidate at this time and has provided documentation of failed conservative therapies and a diagnosis of Failed Back Surgery Syndrome. As such, the request for Spinal cord stimulator trial x2 is medically necessary.

Soma 350mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

Decision rationale: MTUS states regarding Carisoprodol, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs". ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This

medication is not indicated for long-term use". The patient has been on the medication in excess of guideline recommendations. Treating physician does not detail circumstances that would warrant extended usage. There were no objective findings consistent with spasms, nor was there any indication of re-injury. As such, the request for Soma 350mg #15 is not medically necessary.