

Case Number:	CM15-0041216		
Date Assigned:	03/11/2015	Date of Injury:	03/25/2014
Decision Date:	04/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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 25 year old male, who sustained an industrial injury on March 25, 2014. He reported a pop in his lower back followed by sharp shooting pain when lifting a 90-95 pound battery. The injured worker was diagnosed as having a lumbar strain. Treatment to date has included epidural steroid injections, physical therapy, medication, modified work duties, and MRI of the lumbar spine. Currently, the injured worker complains of continued low back pain in the L3 to sacrum area. He rates the pain a 6 on a 10-point scale and notes burning, weakness and spasms into the lower extremities. The pain is aggravated with squatting and he has stiffness with radiation into the buttocks and thighs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg #30: 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 Medications for chronic pain Anti-inflammatory medications Pain Outcomes and Endpoints Page(s): 22, 60, 8-9.

Decision rationale: The 2/10/15 Utilization Review letter states the Voltaren XR 100mg, #30 requested on the 1/16/15 medical report was denied because there was no maintained increase in function or decreased in pain and it is not recommended for long-term use. According to the 1/16/15 orthopedic report, the patient presents with 6-9/10 low back pain that radiates to the buttocks and thighs. He is TTD. The diagnoses include: left-sided lumbar scoliosis; retrolisthesis L4/5; rule out stenosis at L5/S1 with radiculitis and radiculopathy to the left; industrially related MRI proven protrusion and extrusion at L5/S1 left more than right with bilateral L5 and S1 radiculitis and radiculopathy. The plan was for an ESI, pain management referral; Voltaren XR 100mg, qd, #30; Soma 350mg, bid prn spasms#60; and Ultracet 37.5/325mg q 4-6hr prn pain, #60. A review of the records show the initial orthopedic evaluation was on 11/21/14 and the orthopedist prescribed the Voltaren, Soma and Ultracet. Subsequent reports provided for review are dated 1/16/15, 2/6/15, 2/20/15 and 3/03/15. The provided medical reports do not discuss efficacy of the medications. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS allows for use of anti-inflammatory medications such as Voltaren XR for chronic back pain. However, MTUS requires documentation of functional improvement to continue all treatments or therapies. The medical reports do not discuss functional improvement with Voltaren XR. The continued use is not in accordance with MTUS guidelines. The request for Voltaren XR 100mg, #30 IS NOT medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

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

Decision rationale: The 2/10/15 Utilization Review letter states the Soma 350 mg, #60 requested on the 1/16/15 medical report was modified for weaning because there was no maintained increase in function or decreased in pain and it is not recommended for long-term use. According to the 1/16/15 orthopedic report, the patient presents with 6-9/10 low back pain that radiates to the buttocks and thighs. He is TTD. The diagnoses include: left-sided lumbar scoliosis; retrolisthesis L4/5; rule out stenosis at L5/S1 with radiculitis and radiculopathy to the left; industrially related MRI proven protrusion and extrusion at L5/S1 left more than right with

bilateral L5 and S1 radiculitis and radiculopathy. The plan was for an ESI, pain management referral; Voltaren XR 100mg, qd, #30; Soma 350mg, bid prn spasms#60; and Ultracet 37.5/325mg q 4-6hr prn pain, #60. A review of the records show the initial orthopedic evaluation was on 11/21/14 and the orthopedist prescribed the Voltaren, Soma and Ultracet. Subsequent reports provided for review are dated 1/16/15, 2/6/15, 2/20/15 and 3/03/15. The provided medical reports do not discuss efficacy of the medications. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: Not recommended. This medication is not indicated for long-term use.MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. The provided medical records show the patient has been prescribed Soma for over a 3-week period since 11/21/14. The continued use of Soma exceeds the MTUS recommendations. The request for Soma 350 mg, #60 IS NOT medically necessary.

Ultracet 37.5/325mg #60: 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.

Decision rationale: The 2/10/15 Utilization Review letter states the Ultracet 37.5/325 mg, #60 requested on the 1/16/15 medical report was modified for weaning because there was no maintained increase in function or decreased in pain and it is not recommended for long-term use; no evidence of screening exams for misuse. According to the 1/16/15 orthopedic report, the patient presents with 6-9/10 low back pain that radiates to the buttocks and thighs. He is TTD. The diagnoses include: left-sided lumbar scoliosis; retrolisthesis L4/5; rule out stenosis at L5/S1 with radiculitis and radiculopathy to the left; industrially related MRI proven protrusion and extrusion at L5/S1 left more than right with bilateral L5 and S1 radiculitis and radiculopathy. The plan was for an ESI, pain management referral; Voltaren XR 100mg, qd, #30; Soma 350mg, bid prn spasms#60; and Ultracet 37.5/325mg q 4-6hr prn pain, #60. A review of the records show the initial orthopedic evaluation was on 11/21/14 and the orthopedist prescribed the Voltaren, Soma and Ultracet. Subsequent reports provided for review are dated 1/16/15, 2/6/15, 2/20/15 and 3/03/15. The provided medical reports do not discuss efficacy of the medications. MTUS page 78 Criteria for use of Opioids, ongoing management, recommends documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as 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 medical reports do not discuss functional improvement with Ultracet. There is no discussion of pain relief, descriptions of any improvement in ADLs or discussion of adverse behaviors. The continued use is not in accordance with MTUS guidelines. The request Ultracet 37.5/325 mg, #60 IS NOT medically necessary.