

Case Number:	CM15-0085508		
Date Assigned:	05/07/2015	Date of Injury:	10/26/1993
Decision Date:	06/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

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 64 year old male, who sustained an industrial injury on October 26, 1993. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included chronic back pain and bilateral sacroiliac pain. Treatment to date has included medications, radiological studies, electrodiagnostic studies and sacroiliac joint injections. Current documentation dated March 31, 2015 notes that the injured worker reported low back pain rated a three out of ten on the visual analogue scale with medications. Examination of the lumbar spine revealed tenderness and hypertonicity of the paravertebral muscles. Range of motion was noted to be limited. A straight leg raise test was negative. Gaenslen's maneuver and a Patrick's test were positive. Trigger points with radiating pain and twitch response on palpation of the paraspinal muscle was noted on the left. The treating physician's plan of care included a request for Soma 350 mg # 45 with one refill, Oxycodone 15 mg # 60 with one refill and Flexeril 10 mg # 30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 90 with one refill: 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 Carisoprodol (Soma), p29 Page(s): 29.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1993 and continues to be treated for chronic back and sacroiliac joint pain. When seen, medications are referenced as decreasing pain from 10/10 to 3/10 and with improved activity capability and better quality of life. Medications prescribed include OxyContin and oxycodone at a total MED (morphine equivalent dose) of 360 mg per day. Soma and Flexeril were being prescribed on a long-term basis. Physical examination findings included decreased lumbar spine range of motion with increased muscle tone and tenderness. Facet loading was negative. There was trigger points and tenderness over the left posterior superior iliac spine. Fabere and Gaenslen testing was positive. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Additionally, Flexeril is also being prescribed and, despite both medications, the claimant has ongoing increased muscle tone. The ongoing prescribing of Soma was not medically necessary.

Oxycodone Hydrochloride 15mg quantity 120 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1993 and continues to be treated for chronic back and sacroiliac joint pain. When seen, medications are referenced as decreasing pain from 10/10 to 3/10 and with improved activity capability and better quality of life. Medications prescribed include OxyContin and oxycodone at a total MED (morphine equivalent dose) of 360 mg per day. Soma and Flexeril were being prescribed on a long-term basis. Physical examination findings included decreased lumbar spine range of motion with increased muscle tone and tenderness. Facet loading was negative. There was trigger points and tenderness over the left posterior superior iliac spine. Fabere and Gaenslen testing was positive. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 3 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this request was not medically necessary.

Flexeril 10mg quantity 30 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1993 and continues to be treated for chronic back and sacroiliac joint pain. When seen, medications are referenced as decreasing pain from 10/10 to 3/10 and with improved activity capability and better quality of life. Medications prescribed include OxyContin and oxycodone at a total MED (morphine equivalent dose) of 360 mg per day. Soma and Flexeril were being prescribed on a long-term basis. Physical examination findings included decreased lumbar spine range of motion with increased muscle tone and tenderness. Facet loading was negative. There was trigger points and tenderness over the left posterior superior iliac spine. Fabere and Gaenslen testing was positive. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use. Soma is also being prescribed and, despite both medications, the claimant has ongoing increased muscle tone. The ongoing prescribing of Flexeril was not medically necessary.