

Case Number:	CM15-0086283		
Date Assigned:	05/11/2015	Date of Injury:	03/14/2003
Decision Date:	06/12/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41 year old male who sustained an industrial injury on March 14, 2003. He has reported back pain from the low back down both legs and has been diagnosed with post lumbar laminectomy syndrome, lumbar radiculopathy, low back pain, and thoracic pain. Treatment has included surgery, medical imaging, physical therapy, bio feedback therapy, psychotherapy, a functional restoration program, spinal cord stimulator, and aqua therapy. Inspection of the thoracic spine revealed a surgical scar. There was spasm and tenderness to both sides of the paravertebral muscles. The lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine and surgical scars. Range of motion was restricted with flexion limited to 20 degrees and extension limited to 10 degrees. On palpation, paravertebral muscles, spasm and tenderness is noted on both the sides. Lumbar facet loading was positive on both sides. Straight leg raising test was positive on the left side. The treatment request included Soma and MS Contin CR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 250 mg #30 with 1 refill: Upheld

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

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

Decision rationale: Soma 250 mg #30 with 1 refill is not medically necessary per the MTUS Guidelines. The guidelines recommend against using Soma and state that it is not for long term use. The MTUS guidelines state that abuse has been noted for sedative and relaxant effects with Soma use. The documentation does not reveal extenuating circumstances that would warrant the use of this medication long term. The request for Soma is not medically necessary.

MS Contin CR 30 mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: MS Contin CR 30 mg #120 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement therefore the request for continued MS Contin is not medically necessary.