

Case Number:	CM15-0088539		
Date Assigned:	05/12/2015	Date of Injury:	08/11/1998
Decision Date:	06/17/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/08/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 53 year old female who sustained a work related injury August 11, 1998. Past history included chronic depression and anxiety; microdiscectomy L5-S1 April 2011, left leg varicosity cauterization, June 2014. On February 25, 2015, physician's progress notes revealed the injured worker has a long standing history of ongoing back pain and foot pain. The medication; MS Contin, Dilaudid and Soma have been taken for years without signs of misuse, abuse, or addiction, nor has she exhibited any red flag issues, during the course of treatment. According to a primary treating physician's progress report, dated March 17, 2015, the injured worker presented with complaints of teeth pain, severe left leg and back pain, left hip, thigh, and buttock pain, rated 8/10. She is taking Dilaudid with improvement in pain. There is tenderness of the lumbar spine on palpation and difficulty noted getting up from a sitting position. Diagnoses are lumbar spine disc displacement; lumbosacral neuritis/radiculitis; teeth injury. Treatment plan included a request for a consultation with an addiction specialist and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with an addiction specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction) - The American Pain Society, American Academy of Pain Medicine and American Society of Addiction medicine (AAPM3, 2001).

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Evaluations, Psychological Treatment, Weaning Medications Page(s): 23; pages 100-102, page 124.

Decision rationale: The MTUS Guidelines strongly recommend the identification and management of coping skills, describing these elements as often being more important to the treatment of pain than the ongoing medications used. When there is documented evidence of functional improvement, psychotherapy sessions should be continued. The submitted and reviewed documentation indicated the worker was experiencing lower back and leg pain and teeth problems. The worker had a history of depression. Multiple recent treating physician notes described the worker's adherence to recommendations and suggested the worker had limited behavior risk. Further, these records recommended long-term treatment with restricted medications. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for twelve sessions of psychotherapy is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma), Weaning of Medications Page(s): 63-66, page 29, page 124.

Decision rationale: Carisoprodol is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing lower back and leg pain and teeth problems. There was no discussion suggesting a recent flare-up of long-standing lower back pain, detailing when this medication was started although these records demonstrate use for at least several months, or describing special circumstances that sufficiently supported this request for long-term use. In the absence of such evidence, the current request for sixty tablets of carisoprodol 350mg is not medically necessary. Because of the increased risks with prolonged use and the lack of documented benefit, an appropriate taper should be able to be completed with the medication available to the worker.

