

Case Number:	CM15-0235716		
Date Assigned:	12/11/2015	Date of Injury:	07/03/2011
Decision Date:	01/21/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	12/02/2015

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: Family Practice

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 40-year-old male who sustained an industrial injury on 7-3-2011 and has been treated for L5-S1 degenerative disc disease "confirmed by discography"; L5-S1 disc herniation; and, thoracic spine strain or sprain. On 10-16-2015 the injured worker presented with ongoing low back pain including spasms. Pain was rated as 6 out of 10 without medication and 4 out of 10 with medication. He was noted to have difficulty sleeping secondary to pain, and stomach upset due to medication use. Significant objective findings include point tenderness at right L4-5 and over the lumbar paravertebral muscles bilaterally, as well as spasm. The physician noted mildly decreased sensation over the right S1 dermatome distribution. Documented treatment includes a "failed" trial of TENS unit, home exercise, and, as of 10-16-2015, he had been authorized for chiropractic therapy which had not been initiated as of this note. He has been taking Norco and Soma 350 mg. since at least 9-8-2015. An October 16, 2015 report notes that chiropractic treatments have been authorized. In that note, the physician states that the injured worker "has been weaned to the lowest possible dose of Soma to manage ongoing symptoms." Sleep habits, previous interventions or sleep study are not noted in the provided document. It is noted that there are no aberrant behaviors and he has a pain contract on file. The treating physician's plan of care includes a refill for Soma 350 mg #30, and a one month trial of an H-Wave unit which were both non-certified on 11-3-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: According to the MTUS guidelines, Carisoprodol (Soma) is not recommended. The MTUS guidelines state that this medication is not indicated for long-term use and 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. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a 'Las Vegas Cocktail'); & (5) as a combination with codeine (referred to as 'Soma Coma'). The MTUS guidelines also note that there was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. As noted above, Soma is not supported. The request for Soma 350mg #30 is not medically necessary and appropriate.

H-wave (days) trial #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: Per the MTUS guidelines, H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Per the MTUS guidelines, there is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case, the medical records note that the injured worker has been approved a course of chiropractic treatments. As noted above, H-wave may be supported if there is failure of conservative care. The medical records also do not establish that this unit will be used as an adjunct to a program of evidence-based functional restoration. The request for: H-wave (days) trial #30 is not medically necessary and appropriate.