

Case Number:	CM14-0101604		
Date Assigned:	09/16/2014	Date of Injury:	11/08/1999
Decision Date:	10/24/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old female who sustained an injury on November 8, 1999. She is diagnosed with (a) cervicalgia; (b) postlaminectomy syndrome, lumbar region; (c) pain in joint, multiple sites; (d) trochanteric bursitis; and (e) unspecified myalgia and myositis. She was seen for an evaluation on May 21, 2014. She had complaints of chronic, severe low back pain radiating to the lower extremity. She stated that pain score was 10/10 without medications and 6/10 with medications. Examination of the cervical spine revealed tenderness over the left cervical facets and palpable knots over the left shoulder. Range of motion was very limited. Examination of the lumbar spine revealed a well-healed surgical scar. There was tenderness over the paraspinals. There was no paraspinal muscle spasm noted. Range of motion was decreased. Sciatic notch tenderness was present bilaterally. Straight leg raising test was positive bilaterally. Decreased strength was noted on the bilateral lower extremities. There was decreased sensation to touch predominantly at the L5-S1 nerve distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg Qty 90: Upheld

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

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

Decision rationale: The use of this medication is not in accordance with the California Medical Treatment Utilization Schedule. More so, formulation of the requested medication is not recommended for longer than a two- to three-week period. Review of medical records indicated that Soma was to be taken twice to thrice a day. As such, the requested quantity would be sufficient for one-month use, which is not approved by the guidelines. Hence, the requested Soma 250 mg #90 is not medically necessary and appropriate.

Tizanidine HCL 4mg Qty 180: Upheld

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

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

Decision rationale: Tizanidine is recommended for the management of spasticity. Review of medical records indicates absence of spasms on physical examination. Medical necessity of this medication was not established based on the reviewed medical records. Hence, the request for Tizanidine HCL 4 mg #180 is medically not necessary.

Ativan 1mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Benzodiazepines

Decision rationale: According to the reviewed medical records, Ativan was prescribed for severe spasms. CA guidelines do not address this but the ODG guidelines does. The medical necessity of this medication has not been established as there were no objective findings of muscle spasms were found in the medical records. Hence, the request for Ativan 1 mg #60 is not medically.