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| Case Number: | CM14-0157643 | | |
| Date Assigned: | 09/30/2014 | Date of Injury: | 01/12/2010 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 09/19/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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 Orthopedic, Spine Surgeon 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 34-year-old male who reported an injury on 01/12/2010. The mechanism of injury was not provided. On 05/06/2014, the injured worker presented with low back pain. Upon examination of the lumbar spine, there was paravertebral muscle spasm and tenderness in the lower lumbar region. There was tenderness over the sacral coccygeal area noted. The diagnoses were status post L4-5 and L5-S1 fusion, lumbar radiculopathy, and distal coccygeal fracture/dislocation with severe localized pain. Prior treatments included oxycodone, gabapentin, and Tizanidine. The provider recommended Soma and oxycodone, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Soma 350mg BID #60 (DOS 8/22/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-65.

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

Decision rationale: The California MTUS Guidelines do not recommend Soma. The medication is not indicated for long term use. Soma is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate. The guidelines suggest that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. As the guidelines do not recommend Soma, the medication would not be indicated. As such, the Retrospective request for Soma 350mg Twice per day #60 (DOS 8/22/14) is not medically necessary.

Retrospective request for Oxycodone 15mg every 6 hours #60 (DOS 8/22/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The retrospective request for oxycodone 15 mg every 6 hours #60 (DOS 08/22/2014) is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, aberrant drug abuse behavior and side effects. As such, the Retrospective request for Oxycodone 15mg every 6 hours #60 (DOS 8/22/14) is not medically necessary.