

Case Number:	CM14-0160421		
Date Assigned:	10/06/2014	Date of Injury:	03/11/2004
Decision Date:	11/06/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	09/30/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 32-year-old male who reported an injury on 07/03/2007 due to an unspecified cause of injury. The injured worker complained of back pain that radiated to the lower extremity. The diagnoses included a cervical musculoligamentous strain and thoracic musculoligamentous strain/sprain. Surgery included a discectomy at the L4-5 dated 09/2004 and a fusion at the L4-5 dated 05/2008. Medications included Norco 10/325 mg and Soma 325 mg. No diagnostics were provided. Past treatment included medication. The examination dated 09/12/2014 of the lumbar spine revealed joint pain, muscle pain, and sore muscles. There was tenderness to palpation with spasms over the paravertebral musculature and lumbosacral junction. Straight leg raise testing leads to low back pain. There was decreased sensation at the right L5 dermatome. The injured worker rated his pain 8/10 using the VAS that was indicated to be moderate, consistent, dull, sharp, stabbing, and occasional. The injured worker rated his pain as 6/10 with medication and a 9/10 without medication using the VAS. The injured worker was able to perform his activities of daily living. The treatment plan included a prescription for Soma, a complete blood count with chemistry panel, and 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 30.

Decision rationale: The California MTUS Guidelines does not recommend this medication for long-term use. The clinical notes state chronic medication use. The guidelines indicate for short term use. The documentation provided did not support the ongoing use of Soma. The request did not indicate the frequency. As such, the request is not medically necessary.

1 complete blood count and chemistry panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 70.

Decision rationale: The California MTUS guidelines recommend periodic lab monitoring of a chemistry profile (including liver and renal function tests). The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is however, recommended. The guidelines recommend within the 4-8 weeks after starting treatment. The clinical notes state the need is for chronic medication use. As such, the request is not medically necessary.

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The California MTUS guidelines recommend a urine drug test as an option to assess for the use other presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. The documentation provided included labs dated 02/04/2014 and 09/15/2014 as such, the request is not medically necessary.