

Case Number:	CM14-0218496		
Date Assigned:	01/08/2015	Date of Injury:	05/09/2008
Decision Date:	03/10/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 (IW) is a 37 year old male, who sustained cumulative trauma industrial injuries reported on 04/13/2009. He has reported ongoing numbness in the left leg that is associated with pain, constant neck pain with numbness and tingling radiating down the left upper extremity, constant mid and upper back pain, constant abdominal pain, and persistent pain across the low back. The diagnoses have included lumbar disc degeneration with facet hypertrophy and lumbar radiculopathy, lumbar muscle spasms, lumbar radiculopathy, cervical degeneration and cervical radiculopathy, left eye injury with decreased visual acuity, and ventral hernia status post repair times 2. Treatment to date has included conservative treatments, medications, physical therapy, diagnostic testing, consultations and evaluations, hernia repair, acupuncture, and TENS units. Currently, the IW has reported that Norco has been helpful in reducing his pain levels; however, he reported it caused itching. The IW also reported acute muscle spasms in the low back. The IW has been compliant with monitoring of medications. Per the PR dated 11/20/2014, objective findings showed tenderness to palpation of the lumbar paraspinal musculature with decreased range of motion, decreased sensation along the left L5 distribution, decreased extensor hallucis longus tendon on the left, and positive straight leg raises on the left at 70. No recent testing or surgical intervention was noted. On 12/12/2014, Utilization Review non-certified a prescription for Soma 350 mg #45, noting the non-recommended long term use and increased risk associated with this medication. Non-MTUS or ACOEM guidelines were cited. On 12/12/2014, Utilization Review non-certified a request for 1 trial spinal cord stimulator, noting the lack of recommendation and efficacy in treating nociceptive pain and

chronic pain. No guidelines, were cited. On 12/05/2014, the injured worker submitted an application for IMR for review of Soma 350 mg #45, and 1 trial spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

Decision rationale: Carisoprodol is not recommended. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. The request should not be authorized.

Spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Spinal Cord Stimulators

Decision rationale: Spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, after a successful temporary trial and for the following indications: - Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. Estimates are in the range of 40-60% success rate 5 years after surgery. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar due to potential complications and limited literature evidence.- Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial

diagnosis.) - Post amputation pain (phantom limb pain), 68% success rate - Post herpetic neuralgia, 90% success rate - Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury)- Pain associated with multiple sclerosis- Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. In this case the patient was evaluated by an orthopedic surgeon who did not feel the patient as a good candidate for a spinal cord stimulator. The patient had nonverifiable radicular root pain and there were no focal neurologic deficits present. The patient does not meet criteria for spinal cord stimulator implantation. The request should not be authorized.