

Case Number:	CM15-0112295		
Date Assigned:	06/18/2015	Date of Injury:	04/16/2012
Decision Date:	07/17/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old male, who sustained an industrial injury on 4/16/2012. The medical records submitted for this review did not include the details of the initial injury. Diagnoses include status post lumbar laminectomy and right sided sciatica with recurrent lumbar disc herniation. Treatments to date include activity modification, medication management, and physical therapy. Currently, he complained of increased low back pain with right sided sciatica pain. Current medication included gabapentin. The medical records indicated a Medrol dose pack was tapered a few months earlier. On 5/20/15, the physical examination documented decreased sensation in lower extremities with a positive straight leg raise test on the right side. The plan of care included a request for a TENS unit for indefinite use and Soma 350mg tablets #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, Page(s): 114,121.

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for radiating low back pain. When seen, pain was rated at 8/10. The only medications being prescribed was gabapentin. Physical examination findings included positive right straight leg raising with decreased right lower extremity sensation and an absent right ankle reflex. An epidural injection was recommended. Tramadol and Soma were prescribed. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, the claimant has not used TENS before. There is no documented home-based trial of TENS. Providing a TENS unit for indefinite use is not medically necessary.

Soma 350mg #50: Upheld

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

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

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for radiating low back pain. When seen, pain was rated at 8/10. The only medications being prescribed was gabapentin. Physical examination findings included positive right straight leg raising with decreased right lower extremity sensation and an absent right ankle reflex. An epidural injection was recommended. Tramadol and Soma were prescribed. Soma (carisoprodol) is a muscle relaxant which is not recommended. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Additionally, in this case, there was no documentation of muscle spasms. Prescribing Soma is not medically necessary.