

Case Number:	CM15-0120576		
Date Assigned:	06/25/2015	Date of Injury:	03/05/2004
Decision Date:	07/27/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 61 year old male, who sustained an industrial injury on 3/5/04. The injured worker has complaints of low back pain with right lower extremity pain and paresthesias. The documentation noted that the injured worker had tenderness on palpation of the lumbar paraspinal muscles bilaterally with some guarding. The diagnoses have included lumbago. Treatment to date has included lower extremity electrodiagnostic studies revealed evidence of a chronic right lumbosacral radiculopathy involving the right L5 nerve root with possible right L4 nerve root involvement, suggestive of chronic left L5 lumbosacral radiculopathy; lumbar X-rays on 12/29/14 reveals post-surgical changes, anterior/posterior fusion L5-S1 (sacroiliac), mild levo curvature centered at L4, no significant change in alignment with flexion or extension, mild artherosclerotic calcifications within the abdominal aorta; magnetic resonance imaging (MRI) of the lumbar spine on 1/19/15 showed postsurgical changes at the L4-L5 level with anterolisthesis, facet hypertrophy and moderate foraminal narrowing; ultram; norco; soma and three lumbar spine reconstruction surgeries in the past. The request was for soma 350mg #68; norco 7.5/325mg #90 and robaxin 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #68: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)-Carisoprodol (Soma).

Decision rationale: Soma 350 mg #68 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long-term use. The MTUS and ODG guidelines state that 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. The documentation indicates that the patient has been on Soma long term, which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma is not medically necessary.

Norco 7.5/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 7.5/325 mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement therefore the request for continued Norco is not medically necessary.

Robaxin 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain muscle relaxants.

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

Decision rationale: Robaxin 100 mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documentation indicates that the patient has been on Robaxin since Jan. 2015. This medication is intended as a second line option for short-term treatment of acute

exacerbations of pain. The documentation indicates that the patient has persistent chronic pain (not an acute exacerbation). The documentation does not support the medical necessity of continued long-term Robaxin use and therefore this medication is not medically necessary.