

Case Number:	CM15-0123412		
Date Assigned:	07/07/2015	Date of Injury:	06/14/2006
Decision Date:	09/02/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/26/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 65 year old male injured worker suffered an industrial injury on 6/14/2006. The diagnoses included post lumbar laminectomy syndrome, depressive disorder, degeneration of lumbar intervertebral disc, and chronic back pain. The injured worker had been treated with acupuncture, chiropractic therapy, physical therapy, surgery and medications. The treating provider reported back pain with spasms with pain rated 6/10 with medications. There was positive straight leg raise with decreased sensation on the side of the left leg. The injured worker had not returned to work. The treatment plan included Lyrica and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The requested prescription Lyrica 50 mg is for an unstated quantity, and the medical records do not clearly establish the quantity. Without a specified quantity the request cannot appropriately be evaluated as the quantity may potentially be excessive and in use for longer than recommended. Therefore, this request is not medically necessary.

Soma 350mg #50 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29, 63-65.

Decision rationale: MTUS Chronic pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. Requesting a refill is not indicated if its use is not considered short-term use. Soma is not recommended. Therefore, Soma is not medically necessary.