MAXIMUS Federal Services

Case Number:	CM15-0124814		
Date Assigned:	07/09/2015	Date of Injury:	10/21/2005
Decision Date:	08/13/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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 injured worker is a 47 year old male, who sustained an industrial injury on 10/21/2005. The mechanism of injury is not indicated. The injured worker was diagnosed as having cervical spine spondylosis with myelopathy, and lumbosacral spine spondylosis. Treatment to date has included medications, and urine toxicology screening. The request is for Soma, and Docusate Sodium. On 3/13/2015, he reported continued neck and back pain. He rated his pain 8/10 and indicated he is limited in activities of daily living by approximately 60% of normal. He reported medications to reduce symptoms by 85%. Medications included: Fexmid and Colace. A urine toxicology review dated 3/20/2015, indicated that he was positive for opioid medications not prescribed. On 4/24/2015, he complained of continued neck and low back pain. He reported experiencing weakness and pain radiation to the right lower extremity, and numbness and tingling of the right lower extremity. His pain is rated 8/10. He indicated he is limited in his activities of daily living by about 10% of normal, and medications reduce his symptoms by 35%. Medications included: Tizanidine and Colace. On 5/22/2015, a PR2 indicated he reported spasms in his back, neck pain extending to the right shoulder, and weakness and radiating pain down the right lower extremity. He rated his pain 8-9/10, and reported he is limited in his activities of daily living by 20% of normal. He indicated that medications reduce his symptoms by about 35%. Physical findings revealed, a positive straight leg raise testing bilaterally, tenderness of the low back and neck regions with spasm present in the low back. The treatment plan included: continuation of Soma, Hydrocodone, and Colace. The records indicate he has been utilizing muscle relaxants and Colace since at least January 2015, possibly longer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Per Drugs.com, Soma (Carisoprodol) is a muscle relaxant. Per the CA MTUS guidelines, Soma is not recommended. This medication is not indicated for long-term use (2 to 3 weeks). It is unclear regarding when Soma had originally been prescribed or if this request is for a trial of Soma; however, the records indicate that on 5/22/2015, the treatment plan included continuation with medications including Soma, Hydrocodone 10 mg, and Colace. Thus, indicating the injured worker to have already been utilizing Soma. The requested medication Soma is not recommended as per the CA MTUS guidelines, and is not indicated for long-term utilization beyond 2 to 3 weeks. The injured worker continued to have noted muscle spasms despite the utilization of various muscle relaxants for several months. Additionally, the request for Soma 350 mg #60, does not indicate the frequency of use. Therefore, the request for Soma 350 mg #60 is not medically necessary.

Docusate Sodium 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Per Drugs.com, Colace (docusate sodium) is a stool softener. The CA MTUS guidelines state stool softeners may be used as prophylactic treatment of constipation with concurrent chronic opioid use. In this case, the records indicated that the injured worker continues to utilize Norco for pain. He has been utilizing Norco since at least December 2014, possibly longer. Based on these findings, the concurrent usage of chronic opioid use with the prophylactic treatment of constipation is established. Therefore, the request for Docusate Sodium 100 mg #60 is medically necessary.