

Case Number:	CM15-0127422		
Date Assigned:	07/14/2015	Date of Injury:	12/15/2012
Decision Date:	08/10/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/01/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 31-year-old female, who sustained an industrial injury on 12/15/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having thoracic sprain and status post placement of a Harrington rod for correction of rotary scoliosis. Treatment and diagnostic studies to date has included above noted procedure, laboratory studies, medication regimen, and physical therapy. In a progress note dated 10/14/2014 the treating physician reports complaints of increased pain to the thoracic spine. Examination reveals decreased lumbar range of motion, tenderness to the lumbar spinous processes, tenderness to the lumbar paraspinal muscles, and tenderness to the sacroiliac joints bilaterally. The progress note only contained the medication of Valium that was prescribed from a past emergency department visit. The treating physician noted laboratory studies performed on 06/03/2014 that included a basic metabolic panel, hepatic panel, and a complete blood count that were within normal parameters, but also included an arthritis panel that noted an elevated erythrocyte sedimentation rate. The treating physician requested a referral for pain management for evaluation and treatment for medication management and management of other possible treatments such as epidural injections. The treating physician also requested the medication of Soma 350mg with a quantity of 30 with 2 refills and the laboratory studies of chemistry 8 (basic metabolic panel), complete blood count, and a hepatic function panel, but the documentation provided did not indicate the specific reasons for the requested medication and laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of ongoing pain that have failed treatment by the primary treating physician. Therefore, criteria for a pain management consult have been met and the request is medically necessary.

Soma 350mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Chem 8, CBC, and hepatic function: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: The California MTUS, ACOEM and ODG all espouse the use of specific blood chemistries in the monitoring of medication use, especially when using medications that have potential end organ side effects. The clinical documentation shows that previous blood chemistries have been normal and the patient is not on chronic high-risk medications or has other diagnoses that require routine blood work. Therefore, the request is not medically necessary.