MAXIMUS Federal Services

Case Number:	CM15-0170048		
Date Assigned:	09/03/2015	Date of Injury:	02/10/2009
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/28/2015

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:

This 58 year old female sustained an industrial injury to the low back on 2-10-09. Previous treatment included lumbar fusion (8-14-13), physical therapy, trigger point injections and medications. Computed tomography lumbar spine (7-29-15) showed status post posterior decompression L5 without hardware complication, broad based disc bulge with facet disease and central canal and neuroforaminal narrowing at L2-3 and L3-4 and bilateral foraminal narrowing due to osteophyte formation at L4-5 and L5-S1. In a Pr-2 dated 7-29-15, the physician noted that over the last several months the injured worker had had substantial worsening of overall back pain and leg radiculopathy to the point where she now had to use a walker to ambulate. The injured worker was having constant severe pain. The injured worker had received trigger point injections on 7-15-15. Currently, the injured worker rated her pain 10 out of 10on the visual analog scale. Physical exam was remarkable for decreased strength to bilateral lower extremities due to pain, decreased lower extremity sensation at the bilateral S1 and left L5 distribution with trace reflexes throughout. Current diagnoses included status post lumbar fusion, lumbar failed fusion with pseudoarthrosis, bilateral foraminal stenosis with bone spur formation and adjacent level disc herniation. The injured worker reported that Soma was the only muscle relaxer that had helped her. The treatment plan included requesting magnetic resonance imaging lumbar spine, requesting trigger point injections and a prescription for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 by mouth twice daily, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), p29 Page(s): 29.

Decision rationale: The claimant sustained a work-related injury in February 2009 and underwent a lumbar fusion in August 2013. The claimant has a filed lumbar fusion with pseudoarthrosis. On 07/15/15, she was having worsening low back pain beginning the day before and was using a walker. Physical examination findings included a slow and guarded gait and difficulty transitioning positions. There was decreased lumbar range of motion with positive right straight leg raising. There was lumbar and paraspinal muscle tenderness with right lumbar and gluteal spasms with positive twitch response and referred pain. Medications include Soma.Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite is 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. In this case, other medications and treatments would be considered appropriate for the claimant's condition and therefore is not medically necessary.

Trigger Point Injections to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, p122 Page(s): 122.

Decision rationale: The claimant sustained a work-related injury in February 2009 and underwent a lumbar fusion in August 2013. The claimant has a filed lumbar fusion with pseudoarthrosis. On 07/15/15, she was having worsening low back pain beginning the day before and was using a walker. Physical examination findings included a slow and guarded gait and difficulty transitioning positions. There was decreased lumbar range of motion with positive right straight leg raising. There was lumbar and paraspinal muscle tenderness with right lumbar and gluteal spasms with positive twitch response and referred pain. A trigger point injection was performed. Criteria for a trigger point injection include that symptoms have persisted for more than three months despite conservative treatments. In this case, the claimant's symptoms had started just one day before. A trigger point injection was not medically necessary.