

<b>Case Number:</b>	CM15-0024350		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	03/28/1995
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: California

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:

The injured worker is a 66 year old female, who sustained an industrial injury on March 28, 1995. The diagnoses have included lumbar radicular pain, chronic pain syndrome, lumbago, limb pain, postlaminectomy syndrome, lumbar region, and low back pain. Treatment to date has included lumbar laminectomy in 1995, and medications. Currently, the injured worker complains of back and let leg pain. The Treating Physician's visit dated December 22, 2014, noted no significant interval changes compared to previous visit, with pain medication adequate, and stable. On January 13, 2015, Utilization Review non-certified Soma 350mg, Benadryl 25mg, and three follow up visits, noting the Soma and Benadryl were not medically necessary or appropriate, and the request for continued follow up visits was not shown, therefore the request for follow up visits x3 was modified to approve one visit as medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine Guidelines, and the Official Disability Guidelines (ODG) were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of Soma 350mg, Benadryl 25mg, and three follow up visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Weaning of medications Page(s): 64-65, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.

**Benadryl 25mg:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/diphenhydramine-capsules.html>.

**Decision rationale:** Regarding the request for Benadryl, California MTUS does not address diphenhydramine. The FDA indications for diphenhydramine include use as an antihistaminic, in the management of motion sickness and parkinsonism, and as a nighttime sleep-aid. Within the documentation available for review, there is no documentation of any of the abovementioned conditions, efficacy of prior use, and a clear rationale for the use of this medication. In light of the above issues, the currently requested Benadryl is not medically necessary.

**Follow-up visits x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office Visits.

**Decision rationale:** Regarding the request for follow-up visits x 3, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as

certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. While a follow-up visit may be appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for additional follow-up visits will depend in part on the results of the previous visits. Unfortunately, there is no provision for modification of the request to allow for a follow-up visit. In light of the above issues, the currently requested follow-up visits x 3 are not medically necessary.