

Case Number:	CM15-0024615		
Date Assigned:	02/13/2015	Date of Injury:	10/21/1998
Decision Date:	06/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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: Emergency 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 male, who sustained an industrial injury on 10/21/1998. He reported low back pain. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy, low back pain, muscle pain, numbness, and chronic pain syndrome. Treatment to date has included medications, TENS, physical therapy, and lumbar epidural steroid injection. The request is for Soma and MS Contin. On 1/16/2015, he complained of low back pain. The records indicated he had a lumbar epidural steroid injection on 1/6/2014, with 50% reported pain relief. He indicated having better control of muscle spasms with Soma. He rated his pain as 4/10 without medications, and 2/10 with medications. He has been utilizing Soma at least since March 2010 and MS Contin since at least August 2014. Current medications are Norco, MS Contin, and Soma. The treatment plan included: continuation of home exercise program and TENS, and spinal cord stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab po 4x a day prn #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle Relaxants Page(s): 29, 63-66.

Decision rationale: The requested Soma 350mg 1 tab po 4x a day prn #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain. The records indicated he had a lumbar epidural steroid injection on 1/6/2014, with 50% reported pain relief. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350mg 1 tab po 4x a day prn #120 is not medically necessary.

MS Contin 15mg 1 tab po q8h #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 93 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going, Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested MS Contin 15mg 1 tab po q8h #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain. The records indicated he had a lumbar epidural steroid injection on 1/6/2014, with 50% reported pain relief. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, MS Contin 15mg 1 tab po q8h #90 is not medically necessary.