

Case Number:	CM15-0077055		
Date Assigned:	05/06/2015	Date of Injury:	12/05/1981
Decision Date:	06/29/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63-year-old female, who sustained an industrial injury on December 5, 1981. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having herniated nucleus pulposus lumbar 4-5 and lumbar 5-sacral 1 with intermittent right lower extremity and now left lower extremity radiculopathy. Treatment to date has included stretching/strengthening exercises and medications including muscle relaxant and non-steroidal anti-inflammatory. On February 5, 2015, the treating physician notes the injured worker's last visit was in July 2014 and her medication is very helpful. She takes her medication including the muscle relaxant on an as needed basis and if she is too active she may take it for 2-3 days a month. She has no gastrointestinal complaints. Her last blood work was in July 2014, which the treating physician notes was within normal limits. Her current medications include a non-steroidal anti-inflammatory and a muscle relaxer. The physical exam revealed full range of motion of the lumbar spine with absent reflexes and negative straight leg raise with minimally painful left buttock. The lumbar 4 sensation was a 20% decrease in and a normal motor exam. There was rapid phase descent of the left lower extremity with steps. The treatment plan includes continuing her Relafen and Soma, and lab work every 6 months. The treatments requested are laboratory testing with complete blood count (CBC), complete metabolic profile (CMP) in 6 months, follow up in 6 months, Relafen 750mg #60, no refill and Soma 350mg #60, no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory testing with CBA, CMP in 6 months: 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.nhlbi.nih.gov/health/health-topics/topics/bdt/>.

Decision rationale: This claimant was injured now 34 years ago. It is said the medicine is helpful; the muscle relaxant is used only as needed. The last blood work was in July 2014, and it was normal. The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; and it is not clear the impact on improving the patient's functionality post injury. The request is not medically necessary under the medical sources reviewed.

Follow up in 6 months: 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 Official Disability Guidelines (ODG) Low back, Office visits.

Decision rationale: This claimant was injured now 34 years ago. It is said the medicine is helpful; the muscle relaxant is used only as needed. The last blood work was in July 2014, and it was normal. Regarding office visits, the MTUS is silent. The ODG notes that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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. In this case, it is not clear what functional objective improvements are being achieved, and what would be added by a repeat office visit. The follow up schedule appears to be routine, without specific clinical drivers. The request is not medically necessary.

Relafen 750mg #60, no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 67 of 127.

Decision rationale: This claimant was injured now 34 years ago. It is said the medicine is helpful; the muscle relaxant is used only as needed. The last blood work was in July 2014, and it was normal. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.

Soma 350mg #60, no refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 29 of 127.

Decision rationale: This claimant was injured now 34 years ago. It is said the medicine is helpful; the muscle relaxant is used only as needed. The last blood work was in July 2014, and it was normal. The MTUS notes regarding Soma, also known as carisoprodol: Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004) Soma is not supported by evidence-based guides. Long term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request was not medically necessary.