

Case Number:	CM15-0090061		
Date Assigned:	05/14/2015	Date of Injury:	12/07/2001
Decision Date:	06/23/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on 12/7/01. The diagnoses have included status post posterior spinal fusion with residual post-operative pain, gastritis, chronic pain syndrome, neuropathic pain in the lower extremities, status post left hip replacement, status post right and left knee arthroscopy, osteoarthritis of the bilateral knees, failed back surgery syndrome anxiety and depression due to chronic pain. Treatment to date has included medications, activity modifications, diagnostics, conservative care, surgery, physical therapy, psychiatric and home exercise program (HEP). Currently, as per the physician progress note dated 3/25/15, the injured worker complains of constant neck pain with radiation to the bilateral upper extremities with associated numbness and tingling sensation. He also complains of constant low back pain with radiation to the bilateral lower extremities with associated numbness and tingling sensation. He also complains of constant bilateral hip pain with associated numbness and tingling sensation. He rates the pain 8-9/10 on pain scale. Lastly, he reports constant bilateral knee pain and associated weakness. He reports that he has anxiety, depression, stress and insomnia. The injured worker also reports constipation and that his quality of life is limited secondary to pain. The physical exam of the lumbar spine reveals decreased range of motion with flexion, extension and right lateral bend and Kemp's test is positive bilaterally. The exam of the bilateral hips reveals decreased range of motion by approximately fifty percent and positive Patrick's/Fabere, Gaenslen's and sacroiliac compression tests bilaterally. The current medications included Percocet, Soma, Senokot and Lyrica which provide him with 50 percent relief of symptoms. The urine drug screen dated 3/25/15 was inconsistent with medications

prescribed. The physician requested treatments included Senokot S 8.6mg #120 and Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot S 8.6mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78.

Decision rationale: The patient presents with neck, low back, bilateral hip and bilateral knee pain. The current request is for Senokot S 8.6 mg, #120. The treating physician states that the patient reports constipation. The MTUS guidelines state that prophylactic treatment for constipation should be initiated when opioid therapy is initiated. In this case, the treating physician has continued to prescribe Percocet even though it has been non-certified for not being medically appropriate due to lack of benefit. Prophylactic treatment of opioid-induced constipation is not indicated since Percocet has not been certified. The current request is not medically necessary and the recommendation is for denial.

Soma 350mg #90: Upheld

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

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

Decision rationale: The patient presents with neck, low back, bilateral hip and bilateral knee pain. The current request is for Soma 350 mg, #90. The treating physician states that the patient's quality of life is limited secondary to pain. His low back pain is rated 8/10 with radiation to the bilateral lower extremities with numbness and tingling. Bilateral hip pain is rated 8-9/10 on the right and 8/10 on the left with numbness and tingling. Bilateral knee pain is rated 8/10 with associated weakness. The MTUS guidelines are very clear regarding Soma which states, "Not recommended. This medication is not indicated for long-term use." Continued usage of this muscle relaxant is not supported by MTUS beyond 2-3 weeks. In this case, the treating physician has been prescribing Soma since 2012. There is no compelling rationale provided by the treating physician to continue this patient on this centrally acting skeletal muscle relaxant beyond the MTUS guideline recommendation of 2-3 weeks. The current request is not medically necessary and the recommendation is for denial.

