

Case Number:	CM15-0094457		
Date Assigned:	05/21/2015	Date of Injury:	03/29/2002
Decision Date:	06/22/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/18/2015

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: Connecticut, California, Virginia
 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 62 year old female, who sustained an industrial injury on 03/29/2002. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having status post left knee replacement, pain in lower leg joint, pain in shoulder joint, left knee internal derangement, psychogenic pain, lumbar disc displacement without myelopathy, neck pain, lumbar spinal stenosis, and lumbago. Treatment and diagnostics to date has included left shoulder MRI which showed a high grade articular surface tear and moderate degenerative changes at the acromioclavicular joint, lumbar spine MRI which showed disc protrusions and neuroforaminal stenosis, electromyography/nerve conduction velocity studies of lower extremities showed findings of denervation likely representative of chronic radiculopathy affecting the L4, L5, and S1 nerve roots, epidural injections with benefit, left knee surgery, physical therapy, home exercise program, use of home knee kit, and medications. In a progress note dated 04/09/2015, the injured worker presented with complaints of knee, lower back, and bilateral shoulder pain and difficulty sleeping. Objective findings include significant lumbar muscle spasms in which the injured worker stated the only medication that works is Soma. The treating physician reported requesting authorization for Senokot (for intermittent constipation) and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot 8.6-50mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The MTUS supports prophylactic treatment of constipation in patients being treated with opioids. In this case, the initial request included 3 refills. The chronicity of the case coupled with lack of evidence in the provided documents for a definitive treatment timeline with opioids are concerning. In the opinion of this reviewer, without further elaboration on an expected opioid treatment timeline, the initial request to include three refills is not medically necessary. Further documentation of medical necessity should be provided to allow for consideration of further treatment.

Carisoprodol-Soma 350mg, #90: 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 Carisoprodol, Soma Page(s): 29.

Decision rationale: The MTUS does not recommend use of Soma, as this medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. In this case, due to the chronicity of the patient's symptoms and the contraindication for use per the guidelines, the request is not medically necessary.