

## Independent Medical Review Final Determination Letter

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[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/30/2013

<b>IMR Case Number:</b>	CM13-0024251	<b>Date of Injury:</b>	06/01/2006
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/13/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
PHARMACY PURCHASE OF SOMA 250MG (150) AND VALIUM 10MG NUMBER (60)			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 1, 2006.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxant; attorney representation; prior lumbar fusion surgery; intermittent epidural steroid injections; and extensive periods of time off of work.

In a utilization review report of August 29, 2013, the claims administrator certified a prescription for Percocet and non-certified prescriptions for Soma and Valium.

The applicant's attorney later appealed on September 12, 2013. An earlier clinical progress note of July 18, 2013 is notable for comments that the applicant reports chronic low back pain with 30% pain relief following a recent epidural steroid injection. The applicant apparently has a new disk protrusion at L2-L3 noted on updated MRI imaging in 2013. It is stated that the applicant could consider further surgical intervention insofar as the lumbar spine is concerned.

In a handwritten note of August 15, 2013, it is noted that the applicant reports persistent low back pain radiating to the right leg. The applicant states that it is 15 months since his last epidural. He reports 8 to 9/10 pain. He is receiving chiropractic treatment and massage therapy. He is asked to remain off of work, on total temporary disability while pursuing an orthopedic surgical consult, chiropractic treatment, and massage therapy. Percocet is renewed.

## **IMR DECISION(S) AND RATIONALE(S)**

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

### **1. Soma 350mg #150 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 29, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when used in conjunction with other analgesic medications, as the combination is thought to produce euphoria. In this case, the applicant is using numerous other oral analgesics, including oral Percocet, adding Soma or Carisoprodol to the mix is not indicated. It is further noted that this particular combination of medications does not appear to have been effective here as the applicant has failed to effect any return to work, several years removed from the date of the injury, is pursuing epidural steroid injections, and is contemplating further surgical intervention. All of the above taken together, imply a lack of functional improvement through ongoing Soma usage. There is, consequently no support for a variance from the guidelines. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

### **2. Valium 10mg #60 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 24, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, does not endorse usage of Benzodiazepine such as Valium for chronic or long-term use purposes. In this case, as with Soma, the applicant has used this agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant's failure to return to any form of work, continued reliance on epidural steroid injections, numerous medications, etc., implies a lack of functional improvement through ongoing medication usage to date. Accordingly, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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