

Case Number:	CM14-0143621		
Date Assigned:	09/12/2014	Date of Injury:	07/15/2002
Decision Date:	10/22/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61 year old male injured on 07/15/02 while removing a lid from a vault resulting in low back pain. Diagnosis included lumbosacral spine spondylosis without myelopathy. Clinical note dated 08/19/14 indicated the injured worker presented complaining of low back pain rated 6/10. Physical examination revealed antalgic gait, tenderness in the right and left lumbar paraspinals at L4-S1, restricted lumbar spine range of motion, reduced cervical spine range of motion, tenderness in cervical paravertebrals bilaterally at C3 through C6, positive Spurling test bilaterally, and negative straight leg raise bilaterally. The injured worker reported inability to function without medications which allowed him to sit, stand, walk, sleep, and perform light lifting and household activities. Medications included mirtazapine, Norco, Soma, Valium, and Zantac. Initial request was non-certified on 08/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #90 - 30 DAY SUPPLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. 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. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the request for this medication cannot be recommended as medically necessary.

VALIUM 10MG #90 - 30 DAY SUPPLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker has exceeded the 4 week treatment window. As such, the request for this medication cannot be recommended at this time.

ZANTAC 150MG #60 - 30 DAY SUPPLY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in current ACOEM guidelines, concomitant prescriptions of cytoprotective medications (H2 blockers) are recommended for patients at substantially increased risk for gastrointestinal bleeding. There is no indication that the injured worker is at risk for gastrointestinal events. As such, the request for Zantac 150mg #60 - 30 day supply cannot be established as medically necessary.