MAXIMUS Federal Services

Case Number:	CM13-0017662		
Date Assigned:	10/11/2013	Date of Injury:	04/07/2003
Decision Date:	10/15/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/28/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 52-year-old male who reported an injury on 04/07/2003. Reportedly, the injured worker sustained injury to his left knee when he slipped into a sump pump hole at work, approximately 4 feet deep, and he had ligamentous injuries including a PCL injury and meniscal tear. The injured worker's treatment history included surgery, hand brace, urine drug screen, x-rays, spine radiofrequency ablation, physical therapy sessions, topical creams, and pain medications. The injured worker was evaluated on 04/17/2014 and it was documented the injured worker complained of bilateral low back pain, left scapular and left thoracic back pain and left knee pain. The provider noted the injured worker Soma and Sumatriptan were denied. The injured worker was approved for Norco. Physical examination of the musculoskeletal and spine revealed lumbar and left knee range of motion was restricted by pain in all directions. Lumbar extension was more painful than lumbar flexion. There was tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L2 through S1 facet joints. Lumbar facet joint and left knee provocative maneuvers were positive. There was tenderness upon palpation of the left knee joint lines. There was positive crepitus and clicking of the left knee. There was medial joint line tenderness. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were symmetrical bilaterally in all limbs. Muscle strength was 5/5 in all limbs bilaterally. Medications included medical marijuana, Imitrex 100 mg, Norco 10/325 mg, Xanax 0.5 mg, Celebrex 200 mg, Nucynta, tramadol, Flector patch, Senokot, Ambien, and oxycodone 10/325 mg. Diagnoses included status post positive diagnostic bilateral L3-4 and bilateral L4-5 lumbar facet joint radiofrequency ablation neurotomy/rhizotomy, bilateral lateral lumbar facet joint pain at L3-4 and L4-5 diagnosed and confirmed by positive diagnostic fluoroscopically guided bilateral L3-4 and bilateral L4-5 facet joint medial branch blocks, bilateral facet joint pain at L5-S1, bilateral lumbar facet joint arthropathy at L3-4, L4-5, and L5-

S1, lumbar disc protrusion, lumbar sprain/strain, left thoracic sprain/strain, left thoracic back pain, status post total knee replacement, left knee internal derangement, and status post left knee surgeries. The injured worker's Soma 350 mg provided 50% relief of the injured worker's spasms with 50% improvement of the injured worker's activities of daily living, such as self-care and dressing. Medication had no adverse effects on the injured worker. He continued to have muscle spasms. The Request for Authorization dated 04/18/2014 was for Soma 350 mg. The rationale for medication was the injured having continued muscle spasms and it provides the injured worker with 50% relief of spasms and 50% improvement of the injured worker's activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG ONE TAB ORALLY EVERY 6 HOURS AS NEEDED SPASMS ONE MONTH SUPPLY FOR WEANING PURPOSES AT TREATING PHYSICIAN'S DISCRETION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63..

Decision rationale: The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low Back Pain (LBP). In addition, there were no long term goals provided for the injured worker. Additionally, the guidelines do not recommend Soma to be used for long-term use. The documents submitted indicated the injured worker has been using Soma 350 mg since approximately 06/11/2013. Per the guidelines, this medication should not be prescribed or taken for long term use. Additionally, the provider noted the injured worker had an up to date pain contract. However, that was not submitted for this review. As such, the request for Soma 350 mg one tab orally every 6 hours as needed spasms one month supply for weaning purposes at treating physician's discretion is not medically necessary.