

Case Number:	CM13-0036321		
Date Assigned:	12/13/2013	Date of Injury:	06/15/2002
Decision Date:	02/10/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Practice 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. 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 patient is a 47 year old female who reported an injury on 06/15/2002. The patient is diagnosed as status post cervical fusion, multilevel cervical disc bulging, status post lumbar fusion, lumbar revision surgery, suboccipital headaches, and cervicogenic headaches. The patient was seen by [REDACTED] on 11/19/2013. The patient reported complaints of low back and neck pain. Physical examination revealed mild paraspinal spasms, mildly restricted cervical range of motion, and tenderness to palpation over facet joints bilaterally. It is also noted that the patient demonstrated worsening spasms in the lumbar spine with restricted and painful range of motion. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 and 124.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with

chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Soma is not recommended for longer than a 2 week to 3 week period. As per the clinical notes submitted, the patient has continuously utilized this medication. Documentation of significant functional improvement was not provided. Despite the ongoing use, the patient continues to report ongoing low back and neck pain. The patient demonstrates mild paraspinal muscle spasm in the cervical spine and worsening moderate spasm in the lumbar spine. As guidelines do not recommend the chronic use of this medication, the current request cannot be determined as medically appropriate. Additionally, satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.