

Case Number:	CM13-0045430		
Date Assigned:	12/27/2013	Date of Injury:	04/19/2012
Decision Date:	05/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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 patient is an employee of [REDACTED] who filed a claim of lower back pain, right SI strain and lumbar tenderness associated with an industrial injury date of 4/19/12. Treatment to date includes, x-ray of the lumbar spine which revealed sprain/strain of thoracic spine, lumbar disc injury MRI of the upper and lower back, physical therapy sessions and lumbar epidural injection in September 2012. Medications given were Tylenol, Ibuprofen, Trazodone, Prozac, Norco, Vicodin and Soma, which were prescribed since 2012. Medical records from 2012 to 2013 were reviewed which revealed constant, burning pain in the thoracic spine with a pain scale of 8/10. Pain increases when washing dishes and with any activity. Low back pain is also consistent mostly noted when bending over. Pain radiates into both legs to the knees. Pain scale was also mentioned to be 8/10. Physical examination revealed tenderness in lower lumbar area, no muscle spasm noted, flexion of thoracic spine is 50 degrees, rotation 25 degrees bilaterally, active range of motion of the knees revealed 150 degrees flexion bilaterally and 0 degrees extension bilaterally. Straight leg test is negative. Utilization review dated October 11, 2013 denied the request of Soma 350 mg #60 because California MTUS specifically do not recommend muscle relaxant and there's no documented functional improvement from its previous use noted in the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, #60: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is a muscle relaxant and is not recommended as it is not indicated for long term use as well as having an active metabolite which is a schedule IV controlled substance. In this case the patient has been experiencing low back pain since 2012 and was prescribed with Soma, a class of muscle relaxant since 2012. However, there was no significant improvement noted in the patient. In addition, Soma is not recommended. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Soma 350 mg # 60 is not medically necessary and appropriate.