

Case Number:	CM13-0059262		
Date Assigned:	12/30/2013	Date of Injury:	11/20/1996
Decision Date:	05/15/2014	UR Denial Date:	11/03/2013
Priority:	Standard	Application Received:	12/01/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 46-year-old female who reported an injury on 11/20/1996. The mechanism of injury was not provided. The injured worker's medication history included Soma, Dilaudid, and Duragesic as of 06/2013. The documentation of 10/30/2013 revealed the injured worker had pain of 10/10 on a bad day and had pain of 4/10 to 5/10 with medications. The injured worker reported spasms over the cervical area and indicated that the Soma decreased the spasms. The physical examination revealed the injured worker had several trigger points over the trapezius and cervical area and diffuse tenderness in the lumbosacral examination. Request was made for medication refills. The diagnosis included cervical myofascial pain syndrome, cervicgia, cervical radiculopathy, fibromyalgia, chronic pain, and depressive disorder RCR moderate. The documentation of 10/28/2013 sent an appeal for the medications indicating the injured worker had good pain control from the current medications and increased physical activity and movement and improvement in activities of daily living, as well as mood and sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #90: 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: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker utilized the medication for greater than 4 months. It was indicated the medication decreased the injured worker's spasms and that the injured worker had increased physical activity and movement and improvement in activities of daily living with the medications. The request as submitted failed to provide the frequency for the medication. Given the above, the request for Soma 350 mg #90 is not medically necessary.