

Case Number:	CM13-0071537		
Date Assigned:	05/07/2014	Date of Injury:	06/03/2008
Decision Date:	11/10/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/27/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a female patient with a date of injury of June 1, 2008. A utilization review determination dated November 22, 2103 recommends non-certification of Soma 350mg #120. A progress note dated October 23, 2013 identifies subjective complaints of constant low back pain that is described as sharp and numb, there is constant radiation down to the ankle, intermittent radiation down the left leg to the calf, and there is a cold sensation to her right lower extremity. The patient reports that 70% of her pain is from her low back and 30% is from her lower extremities. The patient rates her pain level as a 8-9/10. The patient reports that the Oxycodone and Norco have been beneficial in reducing her pain, she was only prescribed 30 tablets of Gabapentin and is experiencing increased neuropathic pain in the lower extremities, and the Soma was denied which has caused an increase in muscle spasms and tightness. The patient also reports that the Prilosec was denied and she is now experiencing heartburn. The patient states that she was able to move around more when she taking all of the previously prescribed medications. She denies nausea, vomiting, constipation, or excessive sedation with the prescribed analgesic medications. Physical examination identifies that the patient has an antalgic gait and uses a four point cane for assistance, there is moderate tenderness to palpation of the lumbar paraspinal muscles, lumbar spine range of motion is severely limited, sensation to light touch is decreased throughout the right lower extremity, and straight leg raise test is positive bilaterally. The diagnoses include chronic low back pain, lumbar fusion at L4-5 and L5-S1, and lumbar radiculopathy. The treatment plan recommends awaiting authorization for a percutaneous dual lead spinal cord stimulator trial, refill of Oxycodone 10 mg #90, refill of Norco 10/325 #180, refill of Gabapentin 300 mg #80, prescription refill for Soma 350 mg #120, prescription refill for Prilosec 20 mg #30, request for a urine drug screen, followed with psychiatrist, follow up with primary treating physician, and obtain psychiatric clearance for spinal cord stimulator. The patient was denied

Soma 350 mg one by mouth every six hours PRN spasms #120 because of lack of documentation of functional improvement with the medication. Since discontinuing the medication, the patient has been experiencing increased pain and muscle spasms. She is not able to move around as much as she did when she was on Soma. The requesting physician recommends that the patient continue Soma to prevent increasing the dose of the opiate medications and to better control her pain. A urine drug screen obtained on October 24, 2013 was positive for Hydrocodone only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #120: Upheld

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

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

Decision rationale: Regarding the request for Soma 350mg #120, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma 350mg #120 is not medically necessary.