

Case Number:	CM14-0008752		
Date Assigned:	02/12/2014	Date of Injury:	06/23/1997
Decision Date:	06/30/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/23/2014

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 Internal 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:

The injured worker is a 41 year old female injured on 06/23/97 due to undisclosed mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. Current diagnoses included failed back surgery times three and lumbar myofascial pain. Clinical note dated 10/11/13 indicated the injured worker presented with complaints of recent flare of low back pain which her current medication regimen was insufficient to cover. The injured worker was requesting a prescription for Opana for breakthrough pain. Objective findings included tenderness in the lumbosacral musculature with bilateral myospasm and lumbar range of motion restricted markedly in flexion/extension. Clinical note dated 11/08/13 indicated the injured worker reported continued flare of low back pain related to activities of daily living and cold weather. Physical examination revealed hyper tonicity of lumbosacral musculature with bilateral myospasm appreciated along the lumbosacral junction, lumbar range of motion revealed flexion approximately 20 degrees and extension 15 degrees. Medications included Norco 10/325mg and Soma 350mg four times daily. The initial request for Soma 350mg #120 was denied on 10/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG COUNT 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is Food and Drug Administration approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. However, abrupt cessation of this medication can be harmful and requires a slow taper over 2-4 weeks. As such, a modification for a one month prescription for weaning purposes is necessary.