

Case Number:	CM14-0009867		
Date Assigned:	02/21/2014	Date of Injury:	06/09/2011
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 50 year old male who sustained an injury on 06/09/11 when he was performing a defensive takedown class and landed on his back. The injured worker was initially treated with physical therapy and occupational therapy for continuing low back pain then was returned to work. Prior conservative treatment included multiple epidural steroid injections which provided up to 50% pain relief. The injured worker had been provided multiple medications for pain including Norco, naproxen, soma, pantoprazole, and Zantac. The injured worker was followed for continuing complaints of chronic low back pain radiating to the left lower extremity with associated weakness. The injured worker was recommended for possible functional restoration program; however, the injured worker felt he was unable to attend the program due to a distance issue. As of 01/09/14 the injured worker continued to report complaints of low back pain radiating to the left lower extremity. At this visit the injured worker was utilizing Norco 10/325mg twice daily as well as soma 350mg once a day. The injured worker continued to utilize anti-inflammatories, pantoprazole, and Zantac. On physical examination the injured worker demonstrated limited range of motion in the lumbar spine with decreased sensation to light touch in a left L5-S1 distribution. Straight leg raise signs were positive bilaterally in the lower extremities. At this evaluation the injured worker was recommended for medial branch blocks from L3 to S1. Previous urine drug screens from August of 2013 showed inconsistent findings for soma with a negative confirmed result. The requested soma 350mg quantity 30 was denied by utilization review on 01/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 67.

Decision rationale: In regards to the use of Soma 350mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, the clinical records did not address the inconsistent toxicology results for Soma. Therefore, the use of Soma 350mg quantity 30 is not medically necessary and appropriate.