MAXIMUS Federal Services

Case Number:	CM14-0135640		
Date Assigned:	08/29/2014	Date of Injury:	05/15/2003
Decision Date:	09/30/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/22/2014

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 & 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 61-year-old female who reported an injury on 05/15/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 08/20/2014 indicated diagnoses of lumbar spondylosis with facet arthropathy, lumbar discogenic pain right L4-5 and L5-S1 per discogram performed on 07/25/20111, headaches and situational depression secondary to chronic pain. The injured worker reported continued axial low back pain without radiation into her lower extremities. The injured worker reported pain in the left buttocks. The injured worker reported numbness and tingling that was intermittent. The injured worker reported localized pain primarily to the small of the low back on the left side. The injured worker reported the pain was worsening on the left side low back, particularly with extension, left rotation, and left lateral bending. The injured worker reported decrease of pain when she flexed her lumbar spine. The injured worker reported anxiety and depression had worsened now that she had not received her antidepressants. The injured worker remained asymptomatic with muscle spasms to the low back and continued to complain of headaches. The injured worker reported a history of lumbar epidural steroid injections which were not effective and reported the epidural steroid injections caused significant weight gain. The injured worker reported her pain at 3/10 to 4/10 with the use of medication, without medication the injured worker rated her pain 9/10. The injured worker reported 40% to 50% improvement of pain and function with her current medication regimen. The injured worker reported that with medication, she was able to participate in her activities of daily living which included performing household chores, meal preparation, and grocery shopping. The injured worker reported she found herself being able to walk for longer distances with the use of medication. Without medication, the injured worker reported she was confined to a bed or chair and would be sedentary. The injured

worker reported with medication, due to the improvement pain levels and improvement function, her quality of life had improved significantly. The injured worker reported no evidence of drug seeking behavior and utilized her medication appropriately. The injured worker's urine drug screen revealed evidence of compliance with prescribed medications per the physician. The injured worker had a signed opioid agreement and had completed an opioid risk assessment profile and was found to be at low risk for opioid abuse per the physician. Upon physical examination of the low back, the injured worker had diffuse myofascial tenderness from L1-5 with exquisite tenderness to palpation over the lumbar paravertebral joints at L4-5 and L5-S1, left greater than right. The injured worker's lumbar spine range of motion was decreased. The injured worker's motor strength on the left extensor hallucis longus was 4/5 to 5/5. The injured worker's deep tendon reflexes for the Achilles on the left was 1+ and on the right was 1. The clinical note dated 07/30/2014 indicated the provider amended the Request for Authorization to a trial of Tizanidine as a first line option. The injured worker's treatment plans included continue Norco. The prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Tizanidine, Norco, Lyrica, Prilosec, Lidoderm, Senna, Fioricet and Meloxicam. The provider submitted a request for Soma. A request for authorization was not submitted for review to include the date the treatment was requested.

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 Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Soma 350mg #60 is not medically necessary. The California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. The clinical note dated 07/30/2014 indicated the injured worker had a prescription for a first line option of Tizanidine. It is not indicated if the injured worker has tried and failed the Tizanidine. In addition, the request does not indicate a frequency. Therefore, the request for Soma 350mg #60 is not medically necessary.