

Case Number:	CM14-0024085		
Date Assigned:	06/02/2014	Date of Injury:	12/16/1990
Decision Date:	08/07/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/24/2014

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 and is licensed to practice in 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 66 year old male who sustained an injury on 12/16/90. No specific mechanism of injury was noted. The injured worker had been followed for chronic complaints of low back pain as well as radiating pain in the lower extremities. The injured worker has had an extensive amount of treatment to include multiple medications such as Xodol, Tizanidine, Naproxen, Trazadone, Xanax, Medrol dose packs and Omeprazole. The injured worker is noted to have had prior urinary toxicology reports showing positive results for alcohol use in conjunction with narcotics. The injured worker is also noted to have run out of medications early due to chronic and severe pain. The injured worker reported minimal improvement with multiple medications from 10/10 pain to between 8 and 10/10 pain. The injured worker did feel that his medications were allowing for increased function and mobility as well as tolerance of activities of daily living. Between November and December of 2013, the injured worker was switched from Tizanidine to Soma. The clinical report on 12/16/13 noted persistent complaints of severe pain that was minimally reduced with medications from 10 to 8/10 on the visual analog scale. Per this report, the injured worker had not received Tizanidine. Physical examination noted tenderness to palpation in the lumbar spine with limited lumbar range of motion. There was difficulty performing heel and toe walking with straight leg raise signs reported as positive bilaterally. Decreased sensation in the lower extremities was noted from L3 through S1. The injured worker was started on Soma 350mg every 12 hours at this evaluation with 2 refills requested. Follow up on 01/27/14 noted continuing complaints of low back pain with worsening numbness in the lower extremities. There was again no change in the injured worker's pain scores. The injured worker's physical examination findings were essentially unchanged. The requested Soma 350mg, quantity 60 with 2 refills was denied by utilization review on 01/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF SOMA 350 MG #60 WITH 2 REFILLS: 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): 63-67.

Decision rationale: The injured worker has had worsening complaints of low back pain with associated numbness in the lower extremities. Physical examination findings did not identify any specific muscular spasms on physical examination that would support the continuing use of a muscle relaxant such as Soma. Per guidelines, Soma is not a supported medication due to risk factors for medication abuse and dependence. Guidelines also do not recommend long term use of muscle relaxers due to the lack of evidence regarding their efficacy in the treatment of chronic musculoskeletal complaints. As such, the request is not medically necessary