

Case Number:	CM14-0024714		
Date Assigned:	06/11/2014	Date of Injury:	01/01/2002
Decision Date:	08/12/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/26/2014

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 45-year-old female with a reported date of injury on 01/01/2002. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include neck spasms, anxiety, rotator cuff syndrome, post laminectomy syndrome to the lumbar region, intervertebral lumbar disc disorder without myelopathy, myalgia, and myositis, and enthesopathy of the hip region, degenerative lumbar/lumbosacral intervertebral disc, cervicalgia, lumbago, brachial neuritis or radiculitis, thoracic/lumbosacral neuritis/radiculitis, and degenerative intervertebral disc of the cervical region. The progress note dated 05/15/2014 revealed the injured worker complained of chronic, severe neck and low back pain. The injured worker had a history of multiple pain generators including both cervical and lumbar degenerative disc disease with radiculopathy. The injured worker indicated the average pain without medications was 10/10 and with medications was 6/10. The injured worker revealed the medications were keeping her functional, allowing for increased mobility, and tolerance of activities of daily living, and home exercise. The medications were noted to include oxycodone 15 mg 1 every 6 hours as needed for pain, Norco 10/325 mg one 4 times a day as needed for pain, Soma 350 mg 1 twice a day for spasm. The physical examination of the lumbar spine noted tenderness to palpation of the paraspinal musculature and exquisite tenderness over the L4-5 facets. There was decreased range of motion noted and a positive straight leg raise. There was spasming noted to the bilateral cervical and bilateral lumbar musculature and decreased strength to the bilateral lower extremities. There was a lack of evidence regarding sensory loss and deep tendon reflexes were 2+ and symmetric. The request for authorization form dated 06/10/2014 was for Soma 350 mg 1 twice a day as needed for spasming #30 times 1.

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 Carisoprodol (Soma) Page(s): 29.

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

Decision rationale: The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. There is a lack of documentation regarding muscle spasms to warrant a muscle relaxer. The injured worker reported with medications her pain rated 6/10 and without medications her pain rated 10/10. The documentation provided indicated spasms were noted to the bilateral cervical and bilateral lumbar region. The Guidelines state efficacy appears to diminish over time and they show no benefit beyond NSAIDs in pain and overall improvement. There is a lack of documentation regarding improvement in functional status in regard to this medication. Additionally, the request failed to provide the frequency in which this medication is to be utilized. Therefore, the request for Soma 350 MG #30 is not medically necessary.