

Case Number:	CM14-0030726		
Date Assigned:	06/20/2014	Date of Injury:	12/14/2010
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/11/2014

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 Illinois. 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 29-year-old male who reported an injury on 12/14/2010. The mechanism of injury was not provided for review. Diagnoses included a lumbar sprain, cervical sprain, bilateral upper extremity numbness and tingling, radiculopathy, carpal tunnel, cubital tunnel, and thoracic outlet. The medication regimen included Percocet, morphine sulfate, clonazepam, Soma, Ondansetron. Prior treatments include medication, radiofrequency ablation. Within the clinical note dated 05/14/2014, it was reported the injured worker complained of pain rated 8/10 in severity. He reported pain was aggravated with pushing, pulling, reaching, and lifting. The injured worker complained of upper back, low back, and numbness and tingling in both arms and legs. Upon physical examination, the provider indicated the injured worker had slight tenderness and tightness of the upper back and neck. The provider indicated Spurling's test gave the injured worker discomfort in the upper back and neck and unequivocal for increasing his upper extremity numbness and tingling. The injured worker had negative straight leg raise. The provider requested Soma. However, a rationale was not provided for review. The Request for Authorization was submitted and provided on 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids. pg. 90-91..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, 63-64; Carisoprodol (Soma) Page(s): 63-64, 29.

Decision rationale: The request for Soma 350 mg #45 is not medically necessary. The injured worker complained of pain which was rated 8/10 in severity. He reported pain was aggravated with pushing, pulling, reaching, and lifting. The injured worker complained of upper back and lower back pain associated with numbness and tingling in both arms and legs. The California MTUS Guidelines recommend non-sedating muscle relaxants with causation as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not to be used for longer than 2 to 3 weeks. 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. There is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time and prolonged use of medications in this class may lead to dependence. There is a lack of objective findings indicating the injured worker had muscle spasms. The injured worker had been utilizing the medication for an extended period of time since at least 5/2014 which exceeds the guidelines recommendation of short term use of 2-3 weeks. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request for Soma 350mg #45 is not medically necessary.