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| Case Number: | CM14-0031338 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 07/13/2003 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 03/12/2014 |

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 California. 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 63-year-old male who reported an injury on 07/13/2003. The mechanism of injury was not provided. The diagnoses included lumbar and cervical sprain/strain with underlying degenerative disc disease. Prior therapies included medications and a home exercise program. Per the 10/17/2013 clinical note, the injured worker reported ongoing chronic neck and back pain. He reported at least 50% functional improvement with his medications. Physical exam findings included decreased range of motion of the lumbar spine and muscle spasm in the lumbar trunk. The injured worker's medications included Norco, Naprosyn, and Lidoderm patches. Per the 01/28/2014 clinical note, the injured worker reported having a severe flare up of back pain and severe muscle cramps and spasms in his back. He reported a pain level of 8/10 and receiving at least 50% functional improvement with pain medications. The injured worker's medications included Norco, Soma, Naprosyn, and Lidoderm patches. The provider refilled the injured worker's Soma. The request for authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 250 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisoprodol (Soma), pae(s) 29 Page(s): 63-66; page(s) 29.

Decision rationale: The request for Soma 250 mg quantity 60 is not medically necessary. The California MTUS 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Soma is not recommended for use longer than a 2 to 3 week period. The medical records provided indicate the injured worker received a refill of Soma 250 mg on 01/28/2014. The duration of use cannot be determined from the medical records provided. Nonetheless, the guidelines do not recommend the use of Soma. Based on this information, the request is not supported. As such, the request is not medically necessary.