MAXIMUS Federal Services

Case Number:	CM14-0035631		
Date Assigned:	06/23/2014	Date of Injury:	01/31/2003
Decision Date:	07/22/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 58-year-old female who reported an injury on 01/31/2003. The injury reportedly occurred when a bus patron grabbed her hair and jerked her around, causing her to fall to the ground. Her prior treatments included cortisone injections to the shoulders, epidural injections to the low back, facet injection to the low back, lumbar fusion surgery, and physical therapy. At her follow-up visit with her treating provider on 02/27/2014, the injured worker's symptoms were noted to include pain in the low back and bilateral legs. She rated her pain at an average of 5/10, and it was noted to be 1/10 at the time of her visit. It was noted that her pain improved with medications. Her medications were noted to include clonazepam, Lyrica, Norco, Opana extended-release (ER), and Soma. It was further specified that her pain level was controlled by 75% with use of medications. She denied side effects with medications, and she had improved activities of daily living specified as the ability to sit and drive for 45 minutes and complete light house cooking and laundry with use of medications. Her treatment plan was noted to include continued medications as she had been stable on her regimen. Her treating provider specified that Soma was for spasm and Opana and hydrocodone was for pain relief. A urine drug screen was noted to have been performed on 12/12/2013 and showed evidence of hydrocodone and meprobamate. However, the toxicology report failed to show evidence of oxycodone or oxymorphone. The request for authorization form was submitted for Lyrica, Norco, Opana extended-release (ER), and Soma on 02/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR SOMA 250MG #60 (DISPENSED ON 02/27/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ACOEM Guidelines, Chronic Pain Chapter (08/08/2008), Skeletal muscle relaxants, page 128; and the Official Disability Guidelines (ODG), Pain Chapter, Muscle relaxants (for pain); Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The Chronic Pain Guidelines indicate that the use of Soma is not recommended for long term use due to its high rate of abuse for its sedative and relaxant effects. The clinical information submitted for review indicates that the patient's current medication regimen has been in place since at least 08/26/2013. The documentation indicates that the patient utilizes Soma for muscle spasm. However, as the guidelines do not recommend long term use of this medication, and the injured worker has been shown to have been taking this medication for at least six (6) months. The request for continued use is not supported by the evidence based guidelines. As such, the request for Soma dispensed on 02/27/2014 is not medically necessary.