MAXIMUS Federal Services

Case Number:	CM14-0036026		
Date Assigned:	06/23/2014	Date of Injury:	02/23/1992
Decision Date:	07/22/2014	UR Denial Date:	03/13/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 02/23/1992. The mechanism of injury was not provided within the medical records. The clinical note dated 04/14/2014 indicated diagnoses of thoracic facet arthropathy; lumbar disc degeneration; chronic pain; lumbar facet arthropathy; failed back surgery syndrome, lumbar; lumbar radiculopathy; status post fusion of the lumbar spine; and status post T11-12 compression fracture. The injured worker reported low back pain aggravated by activity and walking, and frequent and severe muscle spasms in the low and mid-back. The injured worker rated his pain as 5/10 in intensity with medication, 9/10 in intensity without medication. The injured worker reported limitations with activities of daily living, with self care, hygiene, activity, ambulation, and sleep. On physical examination of the lumbar spine, there were spasms in the bilateral paraspinal musculature and tenderness upon palpation in the spinal vertebral area, L5-S1 level. The injured worker's range of motion of the lumbar spine was moderately limited secondary to pain. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Soma, Lidoderm, Neurontin, and Norco. The provider submitted a request for Soma; a Request for Medical Necessity was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg. QTY: 120: 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 relaxant Page(s): 63.

Decision rationale: The request for Soma 350 mg is not medically necessary. 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 LBP. Not recommended longer than 2-3 weeks. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Although the injured worker indicates improvement with the use of this medication, this medication is recommended as a second-line option for short-term treatment. There is a lack of documentation to indicate the injured worker failed first-line options such as NSAIDs. There is a lack of significant evidence of evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, the injured worker has been on this medication since at least 04/17/2014. This exceeds the guidelines' recommendation of short-term treatment. Furthermore, the request did not indicate a frequency for this medication. Therefore the request for Soma 350 mg, quantity 120, is not medically necessary.