

Case Number:	CM14-0040648		
Date Assigned:	06/27/2014	Date of Injury:	09/11/2008
Decision Date:	08/26/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/07/2014

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 Texas and Ohio. 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 55-year-old female who reported an injury on 09/11/2008. The injured worker was noted to be utilizing the medication since at least 10/2013. The injured worker underwent an magnetic resonance imaging (MRI) of the lumbar spine and an Electromyogram (EMG) and Nerve Conduction Studies. The injured worker's prior treatments included epidural steroid injections and sacroiliac joint injection. The documentation of 02/21/2014 revealed the injured worker had a lower backache. The injured worker indicated her activity level had decreased and she had no new problems or side effects and did not report any change in the location of pain. The injured worker was noted to have a constant, achy pain around the left SI joint radiating to the upper and anterior thigh. The physical examination revealed spasms, tenderness, and tight muscle band in the bilateral paravertebral muscles. The injured worker had moderate pain with extension of the lumbar spine. FABER test was positive bilaterally. The Gaenslen's test was positive. The lumbar facet test was positive bilaterally. The straight leg raise was positive on the right in the sitting at 45 degrees. On sensory examination, the light touch sensation was decreased over the lateral foot and lateral calf on the right side. Motor testing was limited by pain. The motor strength was 4/5 of the extensor hallucis longus on the right, as was the ankle dorsiflexor and plantarflexor. The strength of the ankle dorsiflexor and plantarflexor was 5-/5 on the left. The diagnoses include mood disorder other DIS, sacroiliac pain, and spinal lumbar degenerative disc disease, as well as low back pain. The treatment plan included continuation of Trazodone 1 to 2 at bedtime, start Amitiza for constipation, and decrease Norco and Soma from 3 times a day to twice a day as pain had been reduced moderately with lumbar epidural steroid injection. The documentation indicated the injured worker continued to experience functional benefit from the medication with improved capability for household tasks. Subsequent documentation dated 03/21/2014 in appeal for denied

medications revealed the injured worker was utilizing Soma as needed for muscle spasms. After 20 minutes and increased activity, the injured worker was noted to experience muscle pain. The injured worker indicated she took Soma which allowed her to complete activities with less tension in her back. The injured worker noted muscle pain was reduced by 50% with use of Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350MG, count 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use if recommended for less than weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication since at least late 10/2013. While there was documentation of objective functional improvement, there was lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg count #30 is not medically necessary.