MAXIMUS Federal Services

Case Number:	CM14-0045821		
Date Assigned:	07/02/2014	Date of Injury:	01/12/2000
Decision Date:	08/11/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 57 year old female with a work injury dated 1/12/2000.The diagnoses includes chronic cervicalgia, chronic lumbar backache, recurrent myofascial strain, predominant left shoulder upper extremity radiculopathic pain and failed lumbar back surgery syndrome, having undergone lumbar back surgery at L4-L5 level. There is a physician document dated 3/27/14 that states that since the last visit the patient reports increased neck and low back pain but no change in distribution. She reports that her current medication is becoming less effective in managing her pain levels. The patient is here for medication refills. The pain score is 9-10/10 without medications and 8/10 with medication. The medications prescribed are keeping the patient functional, allowing for increased mobility. and tolerance of ADL's and home exercises. Her physical exam revealed cervical tenderness and tenderness to palpation in the paraspinals - with palpable bands of taut muscle with positive twitch response and referred pain, There is decreased cervical range of motion. There is T8-T9 thoracic area tenderness. There is decreased lumbar range of motion and lumbar paraspinal tenderness. There is a positive right Patrick, Fabere, and Fortin test. There is decreased LUE, decreased LLE, and decreased RLE strength. The sensory exam is decreased left C6 and C8. There is no clonus. There are more than 11 out of 18 tender points.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #14 refill:0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 63, 65.

Decision rationale: Soma 350mg #14 refill:0 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that this medication should not be used for more than a 2-3 weeks period and this is second line for acute exacerbations of chronic low back pain. The patient has been on Soma dating back to at least May of 2013. The documentation does not indicate any functional improvement or significant pain despite being on Soma. The request for Soma 350mg #14 refill: 0 is not medically necessary.