MAXIMUS Federal Services

Case Number:	CM14-0051294		
Date Assigned:	06/23/2014	Date of Injury:	05/04/1997
Decision Date:	07/25/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/21/2014

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. 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 53 year-old female who reported an injury on 05/04/1997 due to lifting a box of dictionaries. On 02/27/2014 the injured worker was pushing a heavy bag weighing about 50 pounds and she suddenly felt her back pop which triggered another flare-up. It was noted that the injured worker had lower back pain on both sides the right was worse than the left. She stated that the pain was shooting to the buttock area and she was able to walk but not for sustained periods of time. It was noted that standing and bending caused the injured worker pain. The injured worker states that she had difficulty falling asleep and remaining asleep. On 02/27/2014 the physical examination revealed mildly antalgic gait to the right and was the injured worker was unable to balance on the right leg. The physical examination of the lumbar spine active range of motion forward flexion was 40 degrees, extension was 10 degrees with more pain on the extension. The facet test was positive bilaterally and the right leg knee extension was 4/5 and the left was 5/5. It was noted that the right leg L5-S1 dermo was diminished sensory to pinprick and touch. The injured worker diagnoses included lumbar degenerative disc disease, bulging lumbar disc, lumbar facet arthropathy, post laminectomy syndrome and radiculitis. It was noted the injured worker had good pain relief of her muscle spasms with Soma and she continues to have relief with the use of her Lidoderm patches for her neuropathic pain around the SCS battery. The injured worker's medications included Soma 350mg, Lidoderm Patches 5% and Voltaren Gel 1%. The treatment plan included for a decision for 30 tablets of Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Soma 350mg: Upheld

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

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

Decision rationale: The MTUS Chronic Pain 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. There is a lack of evidence provided that the injured worker received conservative care such as physical therapy and pain medication management. It was documented that the Soma 350mg tablets supply was provided for temporary relief and the injured worker has the use of a spinal cord stimulator, Lidoderm Patches 5% and Voltaren Gel 1% which the injured worker indicates that gives her good pain relief. There is no documentation provided on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. In addition, the MTUS Chronic Pain Guidelines do not recommend Soma to be used for long-term-use. Given the above the request is not medically necessary and appropriate.