MAXIMUS Federal Services

Case Number:	CM14-0071115		
Date Assigned:	07/14/2014	Date of Injury:	09/08/1992
Decision Date:	09/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/16/2014

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 & 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 64 year old female who sustained work-related injuries on September 8, 1992. She has history of lumbar stenosis, chronic low back pain, and osteoarthritis of the knee. Progress notes dated November 12, 2013 indicate that she was having little discomfort to the right knee and had an excellent result from her radiofrequency performed in November 2012. She was noted to be not taking pain medications and has fairly severe left-sided non-radicular lumbar pain with decreased range of motion. The May 13, 2013 progress notes indicate that she has more stiffness in the low back and knee. On examination, lumbosacral range of motion was decreased. On March 27, 2014 the progress report indicated that she still complains of pain radiating to her right hip and decreased lumbosacral range of motion. Tenderness was noted in the right lower lumbosacral junction and swelling. An operative report dated June 26, 2014 indicates that the injured worker underwent right L3 transforaminal epidural steroid injection to be followed by a radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: 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 Soma (carisoprodol), Muscle Relaxants (for pain) Page(s): 105, 63-64.

Decision rationale: Evidence-based guidelines indicate that a recommendation of a non-sedating muscle relaxant with caution as a second line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Furthermore, evidence-based guidelines indicate that Soma (Carisoprodol) is recommended for only two to three week period of usage and its main effect is due to generalized sedation and treatment of anxiety. In this case, most recent records indicate that the injured worker is complaining of low back pain radiating to her right hip with decreased range of motion. Tenderness was also noted in the right lower lumbosacral junction and swelling. This may be indicative that she is experiencing an exacerbation of her low back pain. However, there is no evidence that first-line medication was used in order to treat acute exacerbations of chronic low back pain. Moreover, Soma is considered as a sedating muscle relaxant which can only be used in two to three weeks. However, the request was Soma 350 milligrams #60 to be taken one to two tablets. This information indicates that this medication will be used beyond the recommended time line as suggested by evidence-based guidelines. Based on this information, the medical necessity of the requested Soma 350 milligrams #60 is not established. The request is not medically necessary.