

Case Number:	CM14-0189124		
Date Assigned:	11/20/2014	Date of Injury:	07/30/2014
Decision Date:	01/09/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of July 30, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; work restrictions; and a back brace. In a Utilization Review Report dated October 22, 2014, the claims administrator partially approved a request for Soma 350 mg #60 as Soma 350 mg #30. Despite the fact that this was not a chronic pain case as of the dates of the request, September 5, 2014 and October 7, 2014. The claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines in favor of ACOEM. The applicant's attorney subsequently appealed. In a progress note dated August 11, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. Flexeril was making the applicant drowsy. The applicant was using Motrin for pain relief. The applicant was nevertheless asked to continue Flexeril, despite drowsiness, continue ibuprofen, start tramadol, pursue additional sessions of physical therapy, employ back brace, and return to modified duty work. On October 7, 2014, the applicant reported persistent complaints of low back pain and the applicant had last worked for her employer on September 12, 2014, it was noted. The applicant exhibited tenderness about the paraspinal musculature with 5/5 lower extremity strength. The applicant was placed off of work, on total temporary disability. Ultram and Soma were endorsed while the applicant was kept off of work. Lumbar MRI imaging and topical lidocaine patches were also sought. The attending provider suggested that the applicant had some element of spasticity present about the lumbosacral spine. The applicant was currently taking ibuprofen, the requesting provider further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma Tab 350mg 2 times a day #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 3, Table 3-1, page 49. ACOEM Practice Guidelines, Chapter 3, page 47, Muscle Relaxants section.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, muscle relaxants such as Soma are deemed "not recommended" as part of the initial approaches to treatment. ACOEM Chapter 3, page 47 further notes that the usage of muscle relaxants in combination with NSAIDs has no demonstrated benefit. Here, the applicant was, in fact, concurrently using Motrin (ibuprofen), an NSAID medication. The attending provider has not furnished any compelling applicant-specific rationale for selection of Soma which would offset the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.