

Case Number:	CM14-0197348		
Date Assigned:	12/05/2014	Date of Injury:	04/15/2013
Decision Date:	01/27/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 35-year-old female with a 4/15/13 date of injury, and status post right knee arthroscopy, plicectomy and synovectomy 6/16/14. At the time (10/24/14) of request for authorization for Soma 350mg # 60, there is documentation of subjective (right knee pain, ongoing spasms) and objective (right knee mild effusion, medial and lateral joint line tenderness) findings, current diagnoses (knee pain and chronic pain syndrome), and treatment to date (activity modification, physical therapy, and medications (Alprazolam, Trazodone HCL, naproxen, Soma, Percocet (including ongoing use of Soma since at least 7/14)). 10/6/14 medical report identifies that the medications help improve the patient's activity level and patient is able to walk longer and perform activities of daily living with less pain, patient reports around 60% benefit with medications. There is no documentation of an acute exacerbation of chronic pain, that Soma is being used as a second line option, functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Soma use to date, and an intention for short-term (less than two weeks) treatment.

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 Muscle relaxants Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20; Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of knee pain and chronic pain syndrome. However, there is no documentation of an acute exacerbation of chronic pain and that Soma is being used as a second line option. In addition, given medical records reflecting prescription for Soma since at least 7/14 and despite documentation that the medications help improve the patient's activity level and patient is able to walk longer and perform activities of daily living with less pain, and that the patient reports around 60% benefit with medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Soma use to date. Furthermore, there is no documentation of an intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg # 60 is not medically necessary.