MAXIMUS Federal Services

Case Number:	CM14-0202853		
Date Assigned:	12/15/2014	Date of Injury:	05/21/2006
Decision Date:	01/30/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice and is licensed to practice in North Carolina. 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:

This 48 year old male sustained a work related injury on 5/21/2006. The mechanism of injury was reported to be injury from slipping and falling onto his back after jumping over a ditch. The current diagnoses are chronic lumbar back pain, status post left lumbar laminectomy and discectomy (8/10/2010), chronic thoracic and cervical myofascial pain, chronic neuropathic pain of the left upper/lower extremities, chronic abdominal/pelvic pain, chronic depression, and problems with defecation and urinary urgency. According to the progress report dated 10/2/2014, the injured workers chief complaints were pain in his neck, upper and lower back, left knee, and left jaw. Additionally, he reported headaches, cramps in his back, and depression. The physical examination revealed paracervical tenderness from C2 to C7-T1. There is parathoracic tenderness from T1to T12-L1 and paralumbar tenderness from L1 to L5-S1. Bilateral sacroiliac and trochanteric tenderness was noted. The medication list was not specified in the progress report provided. On this date, the treating physician prescribed Soma 350mg #120, which is now under review. The Soma was prescribed specifically for muscle spasms. In addition to Soma, the treatment plan included Norco, pain management specialist, and psychiatry follow-up. When Soma was prescribed work status was off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states:Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility.However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004)The long term chronic use of this medication is not recommended per the California MTUS. There is no provided documentation to show that the medication has been prescribed for short term use to treat acute flares of chronic low back pain. The medication is generally not indicated for periods greater than 2-3 weeks. In the absence of such documentation, the request cannot be certified.