

Case Number:	CM14-0215856		
Date Assigned:	01/05/2015	Date of Injury:	11/27/2001
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 -IW- is a 54 year old female, who sustained a continuous industrial injury from November 27, 2001 through present. She has reported bilateral upper extremity pain with associated tingling and numbness, neck pain and upper back pain and was diagnosed with herniated disc of the lumbar spine. Treatment to date has included radiographic imaging, diagnostic studies, pain medications and muscle relaxers. Currently, the IW complains of bilateral upper extremity pain with associated tingling and numbness, neck pain and upper back pain. The IW reported continued pain as described above. She reported an improvement in symptoms with pain medication. On November 27, 2014, evaluation revealed continued pain in the lumbar spine bilaterally with flexion. Soma and Norco were recommended. On December 8, 2014, evaluation revealed low back pain rated at an 8 on a 1-10 scale. The pain was noted to radiate to the right thigh with associated tingling and numbness. She reported a 60% improvement with pain medications. Medications were renewed and the treatment plan was unchanged. On December 17, 2014, Utilization Review non-certified a Soma tablets 350mg, #60, a 20 day supply, noting the MTUS, ACOEM Guidelines, -or ODG- was cited. On December 23, 2014, the injured worker submitted an application for IMR for review of requested Soma tablets 350mg, #60, a 20 day supply.

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 Postsurgical Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The patient presents with low back pain as well as weakness in her right lower extremity. The request is for SOMA 350 mg #60. The patient has been taking this medication as early as 11/07/2014. The RFA is dated 11/07/2014. In regards to work status, "the patient has previously been considered at permanently stationary status. She may continue to perform her current work activities, if available." MTUS chronic pain medications guideline, muscle relaxants, page 63-66, "Carisoprodol: Neither of these formulations is recommended for longer than a 2- to 3-week period." This has been noted for sedative and relaxant effects. The patient has severe spasms in her back, more numbness/tingling/weakness in the right lower extremity, limps at times, has numbness/tingling over her right thigh as, has radiating pain in her right thigh, has palpable tenderness/spasm aover the paravertebral musculature of the lumbar spine, and straight leg raise test produces pain in the lumbar spine bilaterally. Soma has been prescribed as early as 11/07/2014 which exceeds the 2- to 3-week period recommended by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.