

Case Number:	CM15-0011881		
Date Assigned:	02/12/2015	Date of Injury:	07/08/2014
Decision Date:	04/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35 year old man sustained an industrial injury on 7/8/2014. The mechanism of injury is not detailed. Current diagnoses include traumatic amputation of leg and closed fracture of upper end of tibia. Following his below the knee amputation he had significant pain including phantom leg pain. Treatment has included oral medications, physical therapy, gait training with prosthesis, and surgical intervention. Physician notes dated 12/22/2014 show pain to the left leg muscles. The worker states he has had a difficult time getting his medications. Recommendations include continuing physical therapy. On 12/24/2014, Utilization Review evaluated a prescription for Soma 350 mg #60 with two refills that was submitted on 1/14/2015. The UR physician notes that Soma is not indicated for the treatment of chronic pain. Continued weaning is recommended. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review. According to 2/5/15 clinical note with treating provider, the patient continues to have weakness of the lower left extremity. On exam there is increasing strength of calf muscles, stump looks healthy with no pressure points. Diagnoses are status post right below knee amputation, left tib-fib fracture. Treatment plan is to continue with PT, ultram 50mg three times daily for pain and soma 350mg once nightly although no clinical indication is given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 67.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines Muscle relaxants, page 67, Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbations of muscle spasm in patients with chronic lower back pain. According to the cited guidelines, muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally, efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. From the provided medical records there is no mention of muscle spasm and the treating provider does not state anything about the clinical indication for this medication. I suspect that it is either being prescribed to treat insomnia or phantom leg pain; however, this is not documented in the records. In order to determine the appropriateness for use, the provider should outline in the treatment plan the clinical indications. Consequently, the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time. This request is not medically necessary.