MAXIMUS Federal Services

Case Number:	CM15-0186488		
Date Assigned:	09/28/2015	Date of Injury:	08/02/2013
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/22/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 is a 70 year old male who sustained an industrial injury on 08-02-2013. A review of the medical records indicated that the injured worker is undergoing treatment for low back pain with radiculopathy. According to the treating physician's progress report on 07-27-2015 the injured worker has been having increased low back pain over the past year. The injured worker noted "spasms like a belt across lower abdomen" which he feels starts in his thoracic spine. Evaluation noted a global antalgic gait with normal transition from sitting to standing. Examination of the lumbar spine demonstrated tenderness to palpation of the paravertebral muscles bilaterally with restricted range of motion with flexion limited to 40 degrees and extension limited to 20 degrees due to pain. Lumbar facet loading was positive bilaterally with negative straight leg raise. Bilateral patellar reflexes and left ankle jerk were noted as 2 out of 4 and right ankle jerk was 1 out of 4. Muscle strength was 5 out of 5 in the lower extremities. Sensory examination noted dysesthesias over the medial calf on the right side. According to the treating physician's progress report on 08-21-2015, the injured worker was evaluated for Norco medication refill and rated his pain at 4 out of 10 on the pain scale. According to the report dated 08-26-2015, the injured worker had not had Soma for about 10 days and normally takes it 3-4 times a week when he has spasms allowing the injured worker to walk and sleep for 8 hours instead of 5-6 with other trialed medications. Recent diagnostic testing included lumbar spine magnetic resonance imaging (MRI) on 08-21-2015 and electrodiagnostic studies on 08-31-2015. Prior treatments included physical therapy, chiropractic therapy, acupuncture therapy, home exercise program and medications. Current medications were listed as Tizanidine, Soma and Norco 10mg-325mg. Treatment plan consists of additional physical therapy and the current request for Soma 350mg #30. On 09-03-2015, the Utilization Review modified the request for Soma 350mg #30 to Soma 350mg #15 for tapering and discontinuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back pain This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.