

Case Number:	CM15-0187156		
Date Assigned:	09/29/2015	Date of Injury:	06/02/2006
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/23/2015

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 63 year old female with an industrial injury dated 06-02-2016. Medical records indicate she is being treated for lumbar discogenic pain, chronic pain syndrome, and thoracic pain, and degenerative disc disease, facet hypertrophy of lumbar spine and tendinitis of the wrists. Subjective complaints (08-26-2015) included low back and extremity pain. The injured worker noted her pain had been worse and included low back pain and "a lot more" radicular pain in the left leg radiating around to her knee. Pain levels are documented as 7-8 out of 10 without medication, coming down to 5-6 with medication. "Functional improvement with her medication is she does volunteer work." "She exercises on a regular basis." "She is able to exercise more, walk longer and do more chores." Prior pain ratings (04-21-2015) was 4-7 out of 10 without and 1-2 out of 10 with medication and 06-23-2015 pain was rated as 6-8 out of 10 without medication coming down to 3-5 out of 10 with medication. Her medications included Tramadol, Oxycodone and Soma (all since at least 03-03-2015). Prior medications included Gabapentin "but she had a lot of side effects." Other prior treatments included occupational therapy (3 sessions) "which had been helpful. Physical exam (08-26-2015) revealed tenderness in the paraspinal muscles more on the left. Straight leg raising was "slightly" positive on the right. Gait was documented as "mildly" antalgic. The treating physician documented the following: "We discussed her medications. Medications have been helpful. They have allowed her to be functional. There has been no aberrant drug behavior. She gets good relief and tolerates them well. We have a CURES report from 08-19-2015 consistent with us being the only prescriber of her narcotic medication. We have urine toxicology from 07-08-2015 negative for

Oxycodone, but positive for her Soma and Tramadol. She was taking Oxycodone as needed. We have a signed opioid agreement in the chart." The treatment request includes Soma 350 mg Qty: 40.00. On 09-08-2015 the request for Soma 350 mg Qty: 40.00 were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg Qty: 40.00: 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 for ongoing and chronic 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.