

Case Number:	CM15-0193402		
Date Assigned:	10/07/2015	Date of Injury:	04/22/2001
Decision Date:	11/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 is a 48 year old female who sustained a work-related injury on 4-22-01. Medical record documentation on 8-10-15 revealed the injured worker was being treated for L4-5 adjacent segment degeneration, L3-4 and L4-5 stenosis and disc degeneration above an L5-S1 fusion, bilateral lumbar radiculopathy with weakness, cervicgia, and left cervical radiculopathy. She reported daily and constant left-sided neck pain radiating down the left arm with numbness into the left forearm and hands primarily along the long, ring and small fingers. She reported daily and constant low back pain, located over the L3-4 and L4-5 region. She had pain through the left lateral thigh to the lateral calf with numbness in the toes. Objective findings included spasm over the left superior scapular border, decreased sensation over the left C6 and left C8 dermatome distribution. Orthopedic testing of the cervical spine revealed local pain. She had 5-5 motor power and 2+ bilateral reflexes. She had positive Tinel's and compression tests over the left carpal tunnel. She had tenderness to palpation over the L3-4 and L4-5 paraspinal musculature. She had increased pain with extension and left lateral bending which was improved with forward flexion. On 4-16-2015 the injured worker reported low back pain, bilateral leg pain and left shoulder pain. She rated her pain a 9-10 on a 10-point scale. Her medication regimen on 4-16-15 included Soma and Norco. She reported that she had been out of her medications for one month and her pain increased. A request for Soma #60 with no refills was received on 9-17-15. On 9-29-15, the Utilization Review physician determined Soma #60 with no refills was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma Qty 60 with 0 refills, 2 times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma two times a day as needed, #60 with no refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are low back pain with radiculopathy, status post L5- S1 fusion November 2006 and recurrent lesion L4 - L5; cervicgia with left arm/radicular pain; discogenic and facetogenic pain; poor sleep hygiene due to pain; myofascial pain/spasm and 6 mm L5- S1 spondylolisthesis. Date of injury is April 22, 2001. Request for authorization is September 17, 2015. The medical record contains 25 pages. The most recent progress note in the medical record is dated April 16, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization dated September 17, 2015. According to the April 16, 2015 progress note, subjective complaints include low back pain with radiation to the left leg. Pain score is 9/10. Medications include soma, fentanyl, methadone, Ambien, Norco and Lidoderm. On physical examination there are no objective findings documented in the progress note record. The start date for Soma is not documented in the medical record. As noted above, there is no contemporaneous progress note on or about the date of request for authorization, but Soma was prescribed as of April 2015 and the request for authorization is dated September 17 for additional Soma. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment by the treating provider in excess of the recommended guidelines for short-term (less than two weeks), no documentation of acute low back pain or acute exacerbation of chronic low back pain, no documentation demonstrating objective functional improvement and no contemporaneous clinical documentation on or about the date of request for authorization, Soma two times a day as needed, #60 with no refills is not medically necessary.