

Case Number:	CM15-0024985		
Date Assigned:	02/17/2015	Date of Injury:	12/31/2003
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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:

The injured worker is a 52 year old female, who sustained an industrial injury on December 31, 2003. She has reported lower back pain and sciatica. The diagnoses have included lumbar spine disc displacement, lumbago, lumbar/lumbosacral spine disc degeneration and stenosis, lumbosacral neuritis, sciatica, depression, and anxiety. Treatment to date has included medications, physical therapy, injections and imaging studies. The injured worker received no relief of symptoms with injections, and physical therapy worsened the symptoms. Epidural blocks were contraindicated due to the injured worker comorbidities. A progress note dated January 8, 2015 indicates a chief complaint of continued lower back pain. There was no physical examination documented. The treating physician requested prescriptions for Opana, Norco, Neurontin, Naprosyn, and Soma. On January 16, 2015 Utilization Review certified the request for prescriptions for Opana, Norco, Neurontin, and Naprosyn and denied the request for a prescription for Soma. The California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines were cited in the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #50 with two 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 L5 - L6 (anatomically there is no L6) disc protrusion; sciatica; back pain; and anxiety/depression. On November 14, 2014 progress notes indicate Norco and Soma were prescribed at that time. The documentation does not contain evidence of objective functional improvement as it relates to Soma. Soma is not indicated for long-term use. Soma is indicated for short-term treatment (less than two weeks) treatment of acute low back pain or an acute exacerbation in chronic low back pain. The documentation does not indicate there was an acute exacerbation. Additionally, the treating physician clearly exceeded the recommended guidelines for short-term use (less than two weeks). Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support the ongoing use of Soma, soma 350 mg #50 with two refills is not medically necessary.