

Case Number:	CM15-0080660		
Date Assigned:	05/01/2015	Date of Injury:	04/30/2014
Decision Date:	06/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/27/2015

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 48 year old female who sustained an industrial injury on 4/30/2014. Her diagnoses, and/or impressions, are noted to include: lumbar sprain with low back pain/lumbago, rule-out discogenic back pain; specific bursitis often occupational in origin; hip/thigh sprain; sciatic nerve lesion; lumbar radiculitis; degenerative changes with neural foraminal stenosis, right > left, with disc bulges and exiting nerves; Dextro-convex and rotary scoliosis of the upper lumbar spine and thoracolumbar junction; myalgia and myositis; and history of right lower extremity radiculitis. Recent x-rays of the thoracic spine are noted on 8/20/2014. Recent magnetic imaging studies of the lumbar spine with 3-D reconstruction are noted on 12/3/2014. No electrodiagnostic studies are noted. Her treatments have included rest from work; physical therapy; home exercises; an Emergency Room visit for exacerbation of back pain (2/9/15) - receiving intramuscular Dilaudid and oral Percocet for pain which was effective; modified work duties before termination; Toradol injection (3/17/15); and medication management. The 12/29/2014 notes state that she had no neurological deficits or other orthopedic pathology warranting more aggressive care, and that she had no signs or symptoms consistent with radiculopathy, unless documented on recent magnetic resonance imaging studies, and she was given a rating of permanent and stationary as of 12/5/2014. The progress notes of 1/22/2015 reported lower back pain with intermittent pins/needles and throbbing; constant nerve pain in the right leg that radiates down to the knee; and constant right anterior thigh pain with intermittent numbness in the calf & foot, all exacerbated by activity. The progress notes of 3/17/2015 report a repeat of moderate-severe exacerbation of right-sided low back pain with spasms, causing

confinement to bed, with no new injury/trauma or cause, and interfering with sleep, activities of daily living and work. The physician's requests for treatments were noted to include changing Flexeril, stated to be ineffective, to Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants, Soma, Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

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. 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 certified and the request is not medically necessary.