MAXIMUS Federal Services

Case Number:	CM15-0088013		
Date Assigned:	05/12/2015	Date of Injury:	08/08/2000
Decision Date:	06/11/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/07/2015

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 59 year old female, who sustained an industrial injury on 08/08/2000. The injured worker was noted to be injured from "lifting" and complain of neck, upper back and lower back pain. On provider visit dated 03/10/2015 the injured worker has reported falling at work on 02/09/2015 and reported pain in bilateral lower extremities. The injured worker also reported pain in her neck, thoracic and lumbar spine area, bilateral wrists/hands and theses areas of pain are not related to 02/09/2015 fall. On examination, the injured worker was noted as light touch sensation to right mid-anterior thigh, right mid-lateral calf, and right lateral ankle as diminished. The diagnoses have included cervical spine strain, thoracic spine strain, lumbar spine disc rupture, right carpal tunnel syndrome and status post left carpal tunnel surgery. Treatment to date has included medication, injection, heating pad, lumbar spine brace and laboratory studies. On provided visit 03/19/2015, the provider requested Soma 350mg #60 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65, 78-80.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg #60 with three 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 diagnosis is lumbar degenerative disc according to progress note dated March 19, 2015. The documentation shows the injured worker was taking Soma 350 mg TID as far back as January 28, 2010. The injured worker has been taking Soma 350 mg through and including March 19, 2015. The injured worker states she pays out-of-pocket for her medications. The progress note dated March 19, 2015 is a handwritten progress note. There is no physical examination. Subjectively, the two-line subjective section states the injured worker's pain is 9/10 and it does not cover her pain. Treatment plan states refill Soma and Percocet. Soma is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation of an acute exacerbation of chronic low back pain and the injured worker has been taking Soma in excess of five years. The treating provider has clearly exceeded the recommended guidelines. There is no documentation demonstrating objective functional improvement. Consequently, absent compelling clinical documentation to support the ongoing use of Soma with no documentation evidencing objective functional improvement, Soma 350mg #60 with three refills is not medically necessary.