

Case Number:	CM14-0166522		
Date Assigned:	10/13/2014	Date of Injury:	06/14/2001
Decision Date:	11/13/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 year old male with date of injury 6/14/01. The treating physician report dated 8/13/14 indicates that the patient presents two weeks post lumbar epidural steroid injection with 50% decrease in pain. Lower back pain is rated a 3-4/10 and his medications decrease pain by 50%. Current medications include Celebrex, Soma, Gabapentin, and Prednisone. The physical examination findings reveal decreased lumbar ranges of motion, positive straight leg raising and mild to moderate tenderness affecting the lumbosacral spine with paralumbar muscle spasms mainly on the left. The current diagnoses are: 1.Lumbago2.Lumbosacral neuritis3.Lumbar disc displacementthe utilization review report dated 9/30/14 denied the request for BioFreeze topical gel and modified the request for Soma 350mg #30 to Soma 350mg #7 based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The patient presents with chronic lower back pain rated a 3-4/10. The current request is for Soma 350mg #30. In reviewing the treating physician reports dated 6/2/14, 7/2/14 and 8/13/14 the patient has been prescribed continued usage of Soma 350mg. The MTUS guidelines are very clear regarding Soma which states, "Not recommended. This medication is not indicated for long-term use." Continued usage of this muscle relaxant is not supported by MTUS beyond 2-3 weeks. There is no compelling rationale provided by the treating physician to continue this patient on this centrally acting skeletal muscle relaxant beyond the MTUS guideline recommendation of 2-3 weeks. Therefore, the request for Soma 350mg #30 is not medically necessary and appropriate.

Biofreeze topical gel #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter; Biofreeze

Decision rationale: The patient presents with chronic lower back pain rated a 3-4/10. The current request is for Biofreeze topical gel #3. The patient has been prescribed ongoing monthly usage of Biofreeze gel since at least 6/2/14. The MTUS guidelines do not address Biofreeze gel. The ODG guidelines regarding Biofreeze states, "Recommended as an optional form of cryotherapy for acute pain." In this case the patient presents with decreased lower back pain following a lumbar ESI with 50% decreased pain with medications usage. The 8/13/14 treating physician report does not report that there is an acute flare-up of pain, the injury is chronic in nature and there is no new diagnosis to indicate that an acute injury has occurred. The ODG guidelines specifically state that Biofreeze is effective in the treatment of acute lower back pain. Therefore, the request for Biofreeze topical gel #3 is not medically necessary and appropriate.