

Case Number:	CM14-0090875		
Date Assigned:	07/25/2014	Date of Injury:	02/14/2011
Decision Date:	09/12/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopedic Surgeon, 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 injured worker is a 57 year-old male who reported injury on 02/14/2011 that was caused by an unspecified mechanism. The injured worker's treatment history included physical therapy, surgery, medications, MRI, and x-rays. The injured worker was evaluated on 05/08/2014 and it was documented the injured worker complained of neck pain and lower back pain. Pain level has remained unchanged since last visit. Quality of sleep was poor. His activity level has increased. The injured worker had adverse events after his surgical procedure. The provider noted the injured worker was requesting additional medication for sleep, he states he was previously trialed. The injured worker appears he was in severe pain. The injured worker has awkward gait, had slow gait, had a wide based gait, and was assisted by a cane. Cervical spine examination range of motion was restricted with flexion, limited to 20 degrees, limited by pain; extension limited to 20 degrees, limited by pain. Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity. Motor testing was limited by pain. Motor strength of EHL was 5-/5 on right, and 2/5 on left; ankle dorsiflexors was 5-/5 on right and 2/5 on left; ankle plantar flexors was 5-/5 on right and 3/5 on left; knee extensors was 5-/5 on right and 4/5 on the left; knee flexor was 5-/5 on right and 4/5 on left; hip flexors was 5-/5 on right and 5-/5; and hip extensors was 5-/5 on right and 5-/5 on left. The diagnoses included spinal/lumbar DDD, cervical facet syndrome, cervical pain, cervical radiculopathy, knee pain, and lumbar radiculopathy. Medications included Soma 350 mg, Oxycodone 15 mg, OxyContin 20 mg, OxyContin 10 mg, Senokot 8.6 mg, and aspirin 81 mg. The provider failed to indicate the injured worker's VAS measurements while on medications. The request for authorization dated 05/21/2014 was for Soma and the rationale was for continued medication per previous as they have been effective at decreasing pain to a more tolerable level, especially during exacerbation of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. The request lacked frequency and duration of medication. In addition, the guidelines do not recommend Soma to be used for long-term use. Given the above, the request for Soma 350 mg #120 is not medically necessary.