

Case Number:	CM14-0093336		
Date Assigned:	07/25/2014	Date of Injury:	05/01/2011
Decision Date:	09/19/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: According to the records made available for review, this is a 48-year-old female with a 5/1/11 date of injury, and status post left total knee replacement 1/10/14 and status post right knee arthroscopy and meniscectomy 11/3/11. At the time (6/2/14) of request for authorization for Soma 350mg #90, there is documentation of subjective (pain in the low back with burning in the bilateral buttocks; stabbing pain and burning in the bilateral knees) and objective (left knee range of motion 10-90 degrees) findings, current diagnoses (total joint replacement, left knee; chronic strain/sprain of the neck and lower back), and treatment to date (activity modification and medications (including Soma since at least 1/14)). There is no documentation of an acute exacerbation of chronic low back pain; Soma being used as a second line option and for short-term treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of total joint replacement, left knee; chronic strain/sprain of the neck and lower back. In addition, there is documentation of chronic low back pain. However, there is no documentation of an acute exacerbation of chronic low back pain and that Soma is being used as a second line option and for short-term treatment. In addition, given medical records reflecting prescription for Soma since at least 1/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg #90 is not medically necessary.