

Case Number:	CM14-0096794		
Date Assigned:	07/28/2014	Date of Injury:	01/19/2000
Decision Date:	09/18/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/24/2014

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 is licensed to practice in Texas and Oklahoma. 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 61-year-old female with a reported date of injury on 01/19/2000. The injury reportedly occurred when the injured worker was pulling a copy machine away from the wall to fix a paper jam. Her diagnoses were noted to include degenerative lumbar disc disease, status post fusion/laminectomy to the lumbar region, lumbago, therapeutic drug monitoring, and long-term use of medications. The progress note dated 05/12/2014 revealed the injured worker was in the office for an intrathecal pump refill and complained of persistent low back pain. The injured worker indicated she used Norco and OxyContin for breakthrough pain and there had been little change in her overall health status and her pain complaints remained about the same, which was reduced with medication and medical management. The injured worker indicated she used Ambien for sleeplessness and Soma for muscle spasms. The injured worker indicated she had been on the same medication regimen for several years and had in fact reduced some of her medications over the past 6 months. The physical examination revealed full motor strength and a negative straight leg raise. There was spasming and guarding noted in the lumbar spine. The Request for Authorization form dated 06/30/2014 was for Soma 350 mg #20 for date of service 07/18/2013 for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg every 12 hours (RX 7/8/13) QTY #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

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

Decision rationale: The injured worker has been utilizing this medication for over 6 months. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. The injured worker has been utilizing this medication for over 6 months and the guidelines recommend short-term utilization. The documentation provided indicated the injured worker was having muscle spasms and Soma was effective. However, the guidelines recommend short-term utilization of this medication. Therefore, the request is not medically necessary.