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| Case Number: | CM15-0125598 | | |
| Date Assigned: | 07/10/2015 | Date of Injury: | 03/15/2003 |
| Decision Date: | 08/06/2015 | UR Denial Date: | 05/29/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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 was a 57-year-old female, who sustained an industrial injury, March 15, 2003. The injured worker previously received the following treatments Norco, Soma, and Anaprox; Flexeril, Baclofen Zanaflex, Norflex were other muscle relaxants that have been tried in the past and random toxicology laboratory studies were negative for any unexpected findings. The injured worker was diagnosed with lumbar and thoracic radiculopathy, lumbago, low back pain, lumbosacral disc degeneration and joint dysfunction. According to progress note of May 5, 2015, the injured worker's chief complaint was ongoing low back pain. The injured worker's pain was well managed with current medications of scheduled Norco and Soma. The injured worker denied side effects or impairments. The injured worker was able to be active and able to do own activities of daily living. The injured workers pain was able to be brought down to ta 3 out of 10 with medications and 7 out of 10 without pain medications. The physical exam noted a normal body habit and well groomed. The injured worker walked with an antalgic gait. The injured worker had a normal thoracic and lumbar spine. There was tenderness in the paraspinal muscles of the lumbar spine. There was painful tenderness of the midline and paraspinal areas and tenderness of the thoracic lumbar muscles with palpation. There was tenderness with palpation of the left and right paralumbar. There was mild pain with lumbar extension. There was some pain on the medial side of the left knee with joint tenderness and AM joint line tenderness. According to the progress note of March 23, 2015, the injured worker was taking Soma for muscle spasms with good results. The injured worker had tried Flexeril, Baclofen Zanaflex and Norflex were other muscle relaxants that have been tried in the past and been ineffective. The treatment plan included a prescription for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg tablet 1 by mouth three times a day, 30 days, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.