SENT VIA EMAIL OR FAX ON
Aug/08/2011

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Pharmacy Soma 350mg po lid #90

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified PMR

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
1. Cover sheet and working documents
2. Patient information and pain analysis questionnaire dated 08/18/09
3. Lab studies
4. Progress notes Pain Associates, PLC dated 08/19/09-06/23/11
5. MRI lumbar spine dated 11/04/09
6. MRI cervical spine dated 11/04/09
7. Legal documents Attorneys At Law
8. Utilization review determination request for Soma 350 mg po tid # 90 dated 06/22/11
9. Utilization review reconsideration / appeal request for Soma 350 mg po tid #90 dated 07/08/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who is reported to have sustained an injury to his low back as a result of lifting a 300 pound air conditioning unit on xx/xx/xx. Records indicate that the claimant had

complaints of low back pain with radiation into the bilateral lower extremities right greater than left. Records indicate that the claimant was treated conservatively with oral medications physical therapy and aquatic therapy which resulted in increasing pain levels. The claimant ultimately was taken to surgery and underwent an L5-S1 fusion. The records contain a urine drug screen dated 08/19/09 which indicates that the claimant was non-compliant with his current medication profile. He was noted to have inappropriate levels of Soma and marijuana. The records further indicate that the claimant has undergone multiple interventional procedures to include LESI, medial branch blocks, facet joint injections, trigger point injections without sustained relief. The submitted clinical records indicate that the claimant chronically has been placed on Soma. Most recent physical examination dated 06/23/11 indicates that the sensation is intact to light touch motor strength is graded as 5/5 bilaterally reflexes are 2+ and symmetric. Cervical range of motion is reduced. Lumbar range of motion is painful in all planes. Straight leg raise is negative bilaterally. A subsequent request was placed for Soma 350mg one PO TID number 90. This initial request was reviewed by Dr. who notes that per the Official Disability Guidelines Soma is not recommended for long term use. Per the FDA approved indication Soma is for symptomatic relief of discomfort associated with acute pain and musculoskeletal conditions and as an adjunct to rest and physical therapy.

The appeal request was reviewed by Dr. on 07/08/11. Dr. notes the previous review noted that the current clinical guidelines do not endorse the long term use of Soma as muscle relaxant. He noted the medication is noted to be intended for short term use in conjunction with active physical therapy program. Dr. subsequently upholds the prior determination and recommended non-certification of the request.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The request for Soma 350 mg po tid #90 is not supported by the submitted clinical information and current evidence based guidelines. Therefore, the previous utilization review determinations are upheld. The submitted clinical record indicates the claimant has chronic low back pain with subjective reports of radiation into bilateral lower extremities. The claimant has undergone extensive conservative treatment including multiple interventional procedures, and he has been managed on oral pain medications. The most recent physical examination provides no objective data of acute or chronic myospasms. In the absence of acute myospasms and noted that current evidence based guidelines do not support the chronic use of Soma secondary to abuse potential, the request is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES