

Case Number:	CM13-0011252		
Date Assigned:	11/08/2013	Date of Injury:	10/10/2001
Decision Date:	01/24/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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 patient is a 38-year-old male who sustained a work related injury on 10/10/2001. The most recent progress report is dated 08/26/2013. Subjectively, the patient reported pain flare up with worsening radicular symptoms. Objective findings revealed muscle spasms, tenderness to palpation, decreased range of motion, decreased sensation, and decreased deep tendon reflexes. The patient's diagnoses included lumbar radiculopathy, chronic intractable lumbar pain, lumbago, lumbar sprain, lumbosacral sprain, and muscle spasm. The treatment plan included continuation of conservative treatment with medications and rest, discontinuation of Soma, a trial of Flexeril, refill of Norco, trial of Terocin patch, and continuation of Mediderm, Docuprene, and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend the use of Soma due to its habit forming properties. Additionally, should it be prescribed, it is not intended for long-term use. The clinical information submitted for review indicates that the patient has been on the requested medication since at least 09/2012. Given the lack of recommendation for long-term use, by guidelines, the request is not supported. As such, the request for Soma 350 mg twice a day #60 is non-certified.