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| Case Number: | CM13-0019118 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 06/09/2002 |
| Decision Date: | 04/04/2014 | UR Denial Date: | 08/09/2013 |
| Priority: | Standard | Application Received: | 08/30/2013 |

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 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 44 year old male with date of injury 6/9/2002. The treating physician report dated 7/15/13, states that the patient has chronic lower back pain. The diagnoses listed are lumbar spinal stenosis, lumbago, right lower extremity paresthesias, and lumbar spine radiculopathy. The utilization review report dated 8/9/13 denied the request for Soma stating that it is not supported in the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines are very clear regarding Soma which states "Not recommended. This medication is not indicated for long-term use." The patient presents with chronic lower back pain that was rated a 3/10 and fluctuates up to a 7/10. There are no physical examination findings of paraspinal muscle spasms and there is

"no paraspinal tenderness to percussion." The patient has been utilizing Soma since at least the 2/4/13 treating physician report. The request for Soma 350mg, #120 is not medically necessary and appropriate.