

Case Number:	CM13-0038154		
Date Assigned:	12/18/2013	Date of Injury:	08/11/2007
Decision Date:	02/28/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/25/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 52 year old woman who sustained a work-related injury on August 11, 2007. Subsequently she developed with chronic neck and back pain as well as a headache. According to the note of ██████████ dated on September 9, 2013, the patient neck and back pain improved with medications. Her sleep quality was good. Her pain medications improved her functional status and decreased her pain severity without adverse reactions. The patient was treated with Norco, Soma, Zanaflex, Colace, TENS and Trazodone. The patient was treated with epidural injections and facet blocks without benefit. The patient physical examination demonstrated reduced cervical range of motion with paraspinal tenderness and antalgic gait. There is a tenderness in the lumbar paraspinal area with reduced range of motion. The patient was diagnosed with cervical sprain, cervical disc disorder. The provider requested authorization to Soma for spasm management.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, TAKE 1 FOUR TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 65.

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

Decision rationale: According to MTUS guidelines, Soma is not recommended for long term use. It is prescribed for muscle relaxation. There is no clear report of muscle spasm or justification of long term use of Soma in the patient file. Therefore, SOMA 350MG, TAKE 1 FOUR TIMES A DAY is not medically necessary.