

Case Number:	CM13-0046594		
Date Assigned:	12/27/2013	Date of Injury:	11/16/1996
Decision Date:	03/18/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	10/31/2013

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:

The patient is a 45 year old who sustained a work-related injury on November 16, 1996. The patient developed chronic back pain and was diagnosed with failed laminectomy syndrome, status post L4-L5, L5-S1 laminectomy with residual lumbar radiculopathy, and lower extremities weakness. The patient was diagnosed with lumbosacral degenerative disc disease. On October 21, 2013, physical examination demonstrated positive straight leg raising bilaterally. The patient was treated with Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 Soma 350mg, one twice a day with one refill: 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: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged

use may cause dependence. The patient in this case does not have recent clear evidence of spasm, and the prolonged use of Soma is not justified. As such, the request is noncertified.