

Case Number:	CM13-0056715		
Date Assigned:	12/30/2013	Date of Injury:	04/01/1999
Decision Date:	03/31/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/22/2013

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 Family Practice 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 57-year-old female who reported injury on 04/01/1999. The mechanism of injury was not provided. The earliest documentation dated 04/23/2009 revealed the patient was on Soma 1 tablet to 2 tablets by mouth 3 times a day for muscle spasms. The patient's VAS score was noted to be 5/10. The patient had myofascial pain and symptoms in the upper back. The patient had cervical muscle spasms with tenderness and trigger point areas in the upper trapezius muscle groups bilaterally, along with tenderness in the neck and upper rhomboid muscles. The patient's functional status was noted to be somewhat diminished. The request was made for Soma 350 mg 1 tablet by mouth as needed for spasms #60. The patient's diagnoses were noted to include lumbago with failed back surgery syndrome, status post spinal cord stimulator implantation, cervicalgia with bilateral radiculopathy, repetitive stress injury, status post cervical epidural injections, reactive depression and anxiety, and diagnosed sleep apnea/excessive daytime somnolence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63.

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are prescribed as a second line option for short term treatment of acute exacerbations of low back pain and use is limited to less than 3 weeks. There should be documentation of objective functional improvement and objective decrease in the VAS score with the medication. The clinical documentation submitted for review indicated the patient had been on the medication since 04/23/2009. There was a lack of documentation indicating necessity for long term treatment. There was a lack of documentation indicating the patient had objective functional improvement, as it was indicated the patient's current functional status remained diminished. Given the above, the request for Retro Soma 350mg QTY: 30.00 is not medically necessary.