

Case Number:	CM13-0056820		
Date Assigned:	12/30/2013	Date of Injury:	04/05/2005
Decision Date:	03/31/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/23/2013

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 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 50-year-old female who reported an injury on 04/05/2005. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with C5-6 fusion with chronic pain and radiating paresthesia, chronic pain and syringomyelia without clear myelopathy. The patient was seen by [REDACTED] on 10/21/2013. Current medications included Lyrica and Soma. The patient reported persistent pain, muscle spasms and paresthesia. Physical examination revealed a normal gait, normal activity, slightly decreased cervical range of motion, 5/5 motor strength in the bilateral upper extremities and intact sensation. The treatment recommendations included activity limitations. A request for authorization was then submitted by [REDACTED] on 10/30/2013 for the medication Soma 350 mg.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section, Weaning of Medications Section Page(s): 63-66, 124.

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as nonsedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient had continuously utilized this medication. Despite ongoing use, the patient continued to report persistent pain and muscle spasms. There was no documentation of palpable muscle spasms or spasticity upon physical examination. As the guidelines do not recommend the long-term use of this medication, the current request is not medically appropriate. Therefore, the request is non-certified.