

Case Number:	CM13-0060153		
Date Assigned:	12/30/2013	Date of Injury:	01/08/2002
Decision Date:	03/24/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/03/2013

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:

This patient is a 55-year-old male with date of injury on 01/08/2002. Per treating physician report on 09/03/2013, listed diagnoses are: 1. Chronic low back pain, postsurgical T12-L1 and L1-L2 fusion. 2. Bilateral knee internal derangement. 3. Hernia at the abdomen. 4. Right wrist sprain. 5. Left wrist sprain with definite fracture on CT scan. 6. Right shoulder impingement. 7. Dental injuries with repair. 8. Right ankle sprain. 9. Depression. 10. Weight lost of 30 pounds. Treatment recommendation was for Soma 350 mg #120 for muscle relaxant. The patient's pain was at a constant 10/10 pain scale and Norco helps to decrease some of that pain. The patient had constant pain in all injured areas, worse in the left abdominal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with widespread pain involving low back, bilateral knees, abdomen, bilateral wrist, shoulder, and ankle. The treating physician has prescribed Soma #120 as a muscle relaxant. MTUS Guidelines page 29 states that Soma is not recommended for long-term use and that it has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In this case, the treating physician has prescribed Soma #120 for muscle relaxant. There is no discussion as to how long this medication is to be used and whether or not this is intended for short-term use only. Given #120 prescribed, it would appear that the patient is prescribed this medication for at least a month at a 4 tablet per day dosing. Recommendation is for denial as this medication is being prescribed for long-term use.

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