

Case Number:	CM13-0061577		
Date Assigned:	12/30/2013	Date of Injury:	12/23/2009
Decision Date:	06/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 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 55 year old male who sustained an injury on 12/23/09 and was followed for multiple complaints including neck low back and left knee pain. The patient had prior cervical fusion from C5 to C7. Prior medications included Norco and soma. Electrodiagnostic studies from 05/13 showed evidence for chronic L5-S1 nerve root irritation. Urine drug screen results from 06/04/13 showed negative findings for medications excluding fentanyl. The patient was seen by [REDACTED] on 11/11/13 with continuing complaints of pain in the cervical spine radiating to the right upper extremity with associated numbness and tingling. The patient also described complaints of low back pain radiating to the right lower extremity. On physical examination there were paraspinal spasms and tenderness to palpation in the cervical spine and lumbar spine. Straight leg raise was positive bilaterally in lower extremities. Weakness was noted on right on bilateral wrist extension and at the bilateral tibialis anterior gastrocs peroneus longus and extensor halluc longus. The patient was recommended for L4-5 and L5-S1 lumbar interbody lumbar laminotomy and microdiscectomy. There were toxicology findings from 11/26/13 which noted findings for soma and Hydrocodone and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Section Page(s): 63-64.

Decision rationale: Based on clinical documentation submitted for review and current evidence based guidelines, the request for Soma 350mg #60 is not medically necessary. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there was any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary or appropriate.