

Case Number:	CM13-0063976		
Date Assigned:	01/03/2014	Date of Injury:	12/22/1994
Decision Date:	05/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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 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 is a male patient with the date of injury of December 22, 1994. A utilization review determination dated December 4, 2013 recommends modification of Soma 350mg #180. The previous reviewing physician recommended modification of Soma 350mg #180 due to lack of documentation of muscle spasms on physical exam and to initiate a weaning process and allow the provider time to find a suitable alternative. A follow up report dated November 22, 2013 identifies history of present illness of stable on the current regimen of medications for years, staying well within his prescribed limits and never running out of medicine earlier or requiring extra treatments. He has attempted to decrease the dose of his Soma, but finds that it loses the effectiveness and that he has considerably more pain and inability to perform his personal and work duties. Physical Examination identifies back is quite stiff. There are laminectomy incisions in the back. Any motion of the back, straight leg raising or hip flexion, produces pain. Impression identifies post laminectomy syndrome. The dose of his Soma slightly exceeds the recommended therapeutic doses, but is certainly not in the toxic realm.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Guidelines, Muscle Relaxant.

Decision rationale: Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is recommended for a short course of therapy. Within the documentation available for review, there is mention a specific analgesic benefit as a result of the Soma. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.