

Case Number:	CM13-0066499		
Date Assigned:	01/03/2014	Date of Injury:	06/23/1997
Decision Date:	05/20/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 40-year-old female who reported an injury on 06/23/1997. The mechanism of injury was not stated. Current diagnoses include failed back surgery syndrome and myofascial pain. The injured worker was evaluated on 01/03/2014. The injured worker reported persistent lower back pain with activity limitation. Physical examination revealed painful range of motion, bilateral myospasm, and limited range of motion. Treatment recommendations included continuation of 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, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 weeks to 3 weeks. As per the documentation submitted, the injured

worker has utilized Soma 350 mg since 09/2013. The injured worker continues to demonstrate bilateral myospasm in the lumbosacral junction. Guidelines do not recommend long term use of this medication. There is also no frequency listed in the current request. Therefore, the request is non-certified.