

Case Number:	CM13-0067660		
Date Assigned:	05/07/2014	Date of Injury:	04/13/2000
Decision Date:	07/09/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 and is licensed to practice in Illinois. 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 57 year old male who reported an injury on 04/13/2000, due to an unknown mechanism. The clinical note dated 11/06/2013 presented the injured worker with no subjective complaints, but diagnoses of right shoulder degenerative joint disease, right shoulder rotator cuff tendonitis, history of chronic back pain secondary to L3-L5 disc bulges with bilateral neural foraminal narrowing, bilateral sural sensory neuropathy, degenerative disc disease of the lumbar spine, Grade 1 anterior spondylolithesis to the L4 on L5, bilateral carpal tunnel syndrome, left hip pain rule out osteoarthritis, insomnia, hepatomegaly with possible cirrhosis, severe anemia, and hyperglycemia. The provider recommended Soma 350MG #60. The request for authorization form was dated 11/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN Page(s): 63.

Decision rationale: The request for Soma 350MG #60 is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The documentation lacks evidence of this medication providing increased function and decreased pain. There is lack of an adequate and complete pain assessment in the medical documents. It is unclear whether this is a new or continued medication. As such, the request is not medically necessary.