

Case Number:	CM13-0068332		
Date Assigned:	01/03/2014	Date of Injury:	06/07/2012
Decision Date:	04/21/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/19/2013

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. 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 patient is a 55-year-old male who reported an injury on 06/07/2012. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar spine sprain, right lumbar spine radiculopathy, lumbar spine disc protrusion with annular tear, and status post lumbar spine fusion on 04/17/2013. The patient was seen by [REDACTED] on 12/12/2013. The patient reported persistent lower back pain with numbness to bilateral buttock. Physical examination revealed decreased range of motion, tenderness to palpation, and an antalgic gait. Treatment recommendations included authorization for postoperative physical therapy, prescriptions for tramadol, Soma, and Colace, and discontinuation of Percocet.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66; 124.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients

with chronic low back pain. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no evidence of palpable muscle spasm or spasticity upon physical examination. As Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request for Soma 350mg, #60 is non-certified.