

Case Number:	CM13-0069468		
Date Assigned:	01/17/2014	Date of Injury:	05/22/2007
Decision Date:	08/13/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53-year-old woman who sustained a work related injury on May 22, 2007. Subsequently, she developed a chronic low back pain. Pain radiating from low back down her left leg. According to a note dated on December 16, 2013, the pain level has decreased. She does not report any change in location of pain. No new problems or side-effects. Her activity level has increased but her quality of sleep is poor. She states that medications are working well; no side effects reported. The patient was diagnosed with lumbar facet syndrome, spinal/lumbar DDD, cervical radiculopathy, and disc disorder cervical. The patient was treated with Compazine, Colace, Astelin, Teazodone, Lyrica, Soma, Methadone, Norco, Ferrous sulf, Spiriva, Qvar, Ventolin, Chlorpheniramine, Levothyroxine, Baclofen 20+ Cyclobenzaprine 20+ Gabapentin 60+ Lidocaine 20 mg cream, and Levothyroxine. Soma was prescribed at least since 2008. The provider requested authorization to continue the use of Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR UNKNOWN PRESCRIPTION OF SOMA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA).

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for several months without clear evidence of spasm or excacerbation of back pain. There is no justification for prolonged use of Soma. The request for SOMA is not medically necessary.