MAXIMUS Federal Services

Case Number:	CM13-0070763		
Date Assigned:	01/08/2014	Date of Injury:	05/21/2013
Decision Date:	04/25/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 44-year-old male who reported an injury on 5/21/13. The patient's mechanism of injury was lying on his back, pushing a heavy radiator out of a truck. The treatment rendered in May included pain medications, muscle relaxants, and anti-inflammatories. The documentation from 11/18/13 revealed that the patient was in the office for refills of medication. The patient's pain level was 7/10 without medications, and 3/10 after taking medications. The physical examination revealed the patient had spasms over the bilateral upper trapezius muscles, worse on the left than the right. The patient's range of motion was full in flexion and extension and bilateral rotation was limited secondary to pain and spasm. The diagnoses included acute cervical strain, rule out disc herniation, left upper extremity radicular pain, left shoulder strain, rule out rotator cuff syndrome, and left elbow strain with medial epicondylitis. The treatment plan included a pain management consultation for medication takeover, and a refill of Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 SOMA 350MG (DATE OF SERVICE: 11/18/13): 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 Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain. Their use is recommended for less than three weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated that the patient had taken Soma since May 2013. There was a lack of documentation of the efficacy and the functional benefit received from the medication, as it was indicated the patient continued to have muscle spasms. Given the above, the request for Soma is not medically necessary.