MAXIMUS Federal Services

Case Number:	CM14-0005195		
Date Assigned:	01/24/2014	Date of Injury:	12/10/1999
Decision Date:	06/12/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology and is licensed to practice in Massachusetts, new jersey, Connecticut and 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 injured worker is a 52 year-old male who is reported to have sustained work related injuries on 12/10/99. The mechanism of injury is not described. Records indicate he is status post 360 fusion at l4/5 with residual lower extremity pain. Per clinical note dated 02/17/14 the injured worker reports continued low back pain with spasms, numbness, tingling, and burning pain. He is reported to be tapering from morphine. Curent medications include Morphine ER 60 mg, Morphine IR 15 mg, Topamax 25 mg, Clonazepam 0.5mg, Omeperazole 20 mg, Laxacin, Soma 350 mg, Clonidine Patch. On examination there is palpable spasm in both the cervical and lumbar spines, motor strength is intact, and there hypesthesia in the L5 dermatomes bilaterally. A request for Soma 350 mg # 40 was non certified on utilization review dated 01/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350GM QD TO BID PRN COUNT #40: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for Soma 350 mg #40 is not supported as medically necessary. The records reflect that the injured work has a failed back surgery syndrome and is maintained

on high dose opioids. California Medical Treatment Utilization Schedule does not support the prolonged use of muscle relaxants in the management of chronic pain. Further, the long term use of Soma is strongly advised against given the high potential for abuse. Consideration should be given to an alternative muscle relaxant to be taken prn for spasm. As such the request is not medically necessary or appropriate.