

Case Number:	CM14-0017231		
Date Assigned:	04/14/2014	Date of Injury:	07/19/1999
Decision Date:	05/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This patient reported a 7/19/1999 industrial injury claim. He has been diagnosed the failed back surgery syndrome; lumbar sprain; ventral hernia; lumbar DDD and radiculopathy. According to the 1/16/14 pain management report by [REDACTED], the patient presents with lumbar pain radiating to the bilateral feet, partially relieved with medications and home exercises. He takes Soma 350mg 1-2 tabs tid, max 6/day, as well as trazodone, norco, MS Contin, zanaflex, sertraline, tricolor, lisinopril, Simcor. On 1/29/14 UR recommended against continued use of Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to the 1/16/14 pain management report by [REDACTED], the patient presents with lumbar pain radiating to the bilateral feet, partially relieved with

medications and home exercises. I have been asked to review for Soma 350mg #180. According to the 1/16/14 report, the patient was prescribed a maximum 6 tablets per day of Soma. I have been asked to review a 30-day supply of Soma. MTUS for Soma, specifically states that it is not recommended for use over 3-weeks. The prescription as written for a 30-day supply of Soma, exceeds the MTUS guideline recommendations. Therefore, the request for Soma 350mg #180 is not medically necessary and appropriate.