

Case Number:	CM14-0017518		
Date Assigned:	04/14/2014	Date of Injury:	12/09/2002
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 60-year-old female who reported injury on 12/09/2002. The mechanism of injury was the injured worker was hit by a car while crossing a street and sustained a head trauma. The injured worker's medication history included Soma, Prilosec, Trazodone, Norco, and Kadian as of 12/2012. The documentation of 01/13/2014 revealed the injured worker had subjective complaints of neck pain radiating down from the neck to both arms and back pain radiating from the low back to both legs. The pain level was unchanged since the last visit. The injured worker indicated she had no new problems or side effects. The injured worker indicated her medications were working well. The injured worker had a urine drug screen on 08/12/2013 which was appropriate for her prescribed medications. The diagnoses included shoulder pain, post lumbar laminectomy syndrome, post concussion syndrome, headache/facial pain, spinal/lumbar degenerative disc disease and cervical pain. The plan included psychiatric consult, and medications as well as acupuncture, a home exercise program and an independent gym program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR SOMA 350MG 1 BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants Page(s) 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for 1 year. There was a lack of documentation of objective functional improvement. The prescription for Soma 350 mg 1 pill twice a day or as needed #60 is not medically necessary.