

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0155733 | | |
| Date Assigned: | 11/06/2014 | Date of Injury: | 08/17/2006 |
| Decision Date: | 12/16/2014 | UR Denial Date: | 09/04/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 Family Practice 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 is a male claimant sustained a work injury on August 17, 2006 involving the low back. He was diagnosed with chronic low back pain and lumbar radiculopathy. He had undergone numerous lumbar surgeries as well as a spinal fusion of L3- L5. A progress note on September 24, 2014 twenty fourth two thousand fourteen indicated the claimant had 6/10 pain. He rarely uses Percocet. He was using Soma at night but noted it was denied by his insurance. Exam findings were notable for reduced range of motion of the lumbar spine. Seated straight leg raise test was positive bilaterally. The patient was continued on OxyContin, Percocet, Lyrica and Soma (four times daily).

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, Soma is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite

is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with other opioids which increase side effect risks and abuse potential. The request for Soma is not medically necessary.