

Case Number:	CM14-0155834		
Date Assigned:	09/25/2014	Date of Injury:	03/19/2003
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 03/19/2003. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical disc degeneration, lumbar/lumbosacral disc degeneration, facet joint syndrome, sacralgia, long term use of medication, low back pain. Previous treatments included medication and epidural steroid injections. The diagnostic testing included an MRI. Within the clinical note dated 09/02/2014, it was reported the injured worker complained of right sided neck pain along with headaches and muscle spasms. She complained of left sided low back pain along with severe muscle spasms. The medication regimen included Opana, oxycodone, Soma, and Neurontin. The physical examination the provider indicated the injured worker's range of motion was decreased in the cervical spine. There was tenderness to palpation over the bilateral lumbar paraspinal musculature. There was lumbar paraspinal tenderness, left sacroiliac joint tenderness. The provider requested Soma. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted dated 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 250mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 05/2014 which exceeds the guidelines recommendation of short term use. Therefore, the request is not medically necessary.