

Case Number:	CM14-0171660		
Date Assigned:	10/23/2014	Date of Injury:	08/03/2005
Decision Date:	12/05/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/17/2014

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 and Rehabilitation 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 underlying date of injury in this case is 08/03/2005. The date of the initial utilization review under appeal is 10/07/2014. The patient's diagnoses include a thoracic post-laminectomy syndrome, mood disorder, sciatic nerve disease, lumbar post-laminectomy syndrome, carpal tunnel syndrome, lumbar degenerative disc disease, muscle spasm, and low back pain. The patient was seen in primary treating physician follow-up 07/29/2014. The patient reported no new problems at that time. The patient was noted to have a surgical scar in the lumbar spine with restricted range of motion and with paravertebral muscle spasm and tenderness on exam. No specific focal motor deficit was noted. Light touch was decreased in right L5 and S1 distributions. The treating physician noted that the patient had been able to increase his activity level and had progressed in his home exercise program. The patient's medications were continued, including Lidoderm patch and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses Soma on page 29. This guideline states specifically that Soma is not recommended and that it is not indicated for long-term use. The guideline also discusses concerns regarding generalized sedation from this medication and regarding the potential for utilizing this medication in order to augment or alter the effects of other drugs. Overall, neither the medical records nor the treatment guidelines support the requested treatment. Soma is not medically necessary.