

Case Number:	CM14-0024176		
Date Assigned:	08/22/2014	Date of Injury:	12/18/2009
Decision Date:	09/29/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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:

This is a patient with a date of injury of 12/18/09. A utilization review determination dated 1/30/14 recommends non-certification of trial of Soma 350 mg #30. 1/21/14 medical report identifies 50% symptom reduction after cervical ESI. She does note muscle spasms over the cervical region affecting the shoulders that wakes her up at night. On exam, there is tenderness and muscle spasm with limited ROM. There is left C6 hypoesthesia. A trial of Soma for 30 days was recommended, with one half to one tablet qhs (at bedtime) for acute nocturnal muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Soma 350 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation; Pain section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 and 63-66 of 127.

Decision rationale: Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line

option for the short-term treatment of acute exacerbations of pain. Specific to Soma, the CA MTUS notes that it is not recommended and, when used it is not supported for longer than a 2 to 3 week period. Within the documentation available for review, the requested medication is a sedating muscle relaxant and the request exceeds the recommendations of the CA MTUS for no more than 2-3 weeks of use. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Trial of Soma 350 mg # 30 is not medically necessary and appropriate.