MAXIMUS Federal Services

Case Number:	CM14-0032939		
Date Assigned:	06/20/2014	Date of Injury:	04/19/1999
Decision Date:	12/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/15/2014

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, 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:

This is a patient with a date of injury of 4/19/99. A utilization review determination dated 2/26/14 recommends non-certification of Soma. 1/23/14 medical report identifies a flare-up of low back pain with muscle spasms, tightness, and throbbing in the low back. There is also neck pain that may radiate into the shoulder and scapular areas. Numbness and weakness in noted in the upper extremities and numbness in both feet. He is intermittently utilizing Soma for muscle spasms. Pain is 2/10 with medication and 6/10 without. He is able to participate in light activities around the house and perform a stretching program. On exam, there is tenderness, spasms, weakness in elbow flexion and extension and grasp strength, decreased sensation bilaterally C7 and C8, limited lumbar ROM, 4/5 strength left peroneus longus/brevis and EHL, and hypesthesia bilateral S1 dermatomes. Recommendation was made to increase Soma to q.i.d. p.r.n. acute muscle spasms, #120 for the next 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 86.

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

Decision rationale: Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Soma is recommended for no more than 2-3 weeks. Within the documentation available for review, there is no identification that Soma has decreased the patient's muscle spasms despite apparent long-term use. Additionally, there is no clear rationale for long-term use despite the recommendation against its use for more than 2-3 weeks. In light of the above issues, the currently requested Soma is not medically necessary.