

Case Number:	CM14-0040841		
Date Assigned:	06/27/2014	Date of Injury:	04/06/1989
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 Nevada. 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 53-year-old male who was reportedly injured on April 6, 1989. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 5, 2014 indicates that there are ongoing complaints of neck pain, upper back pain, and lower back pain. The physical examination demonstrated decreased cervical spine range of motion in all planes as well as decreased motion of the thoracic and lumbar spine. There were multiple trigger points throughout the thoracic and lumbar spine paraspinal muscles. There was decreased sensation at the left L5 and S1 dermatomes. The assistance of a cane was used for ambulation. Diagnostic imaging studies were not commented on. Previous treatment includes cervical spine surgery. A request had been made for soma and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63; 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 of 127.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines states that muscle relaxants are indicated as second line treatment options for the short-term treatment of acute exacerbations of chronic low back pain. The attached medical record does not indicate that the injured employee is having any exacerbations of low back pain nor are there any muscle spasms noted on physical examination. For these reasons this request for soma is not medically necessary.