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| Case Number: | CM14-0043525 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 05/29/2009 |
| Decision Date: | 08/19/2014 | UR Denial Date: | 04/04/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

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 Family Practice 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 71 year old male claimant sustained a work related injury on 5/29/09 involving the low back. He was diagnosed with lumbago, lumbar stenosis and degenerative disk disease. Since at least March 2013 his pain was treated with SOMA, Norco, Cymbalta and Flector patches. At the time his pain level was 2/10 and his physical exam was only notable for a slow gait and resistance pain in the left leg. A progress note on 3/31/14 indicated he had more pain in his low back. Physical therapy had provided him good results. Physical findings were similar to the visit a year ago. He remained on his Norco and Selma for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma and pg 64-65 Page(s): 64-65.

Decision rationale: According to the MTUS guidelines, SOMA is not recommended for longer than a 2 to 3 week period. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. Soma is a muscle relaxant and used with caution as a second-line

option for short-term treatment of acute exacerbations in patients with chronic LBP. The claimant had been on Soma for over a year and the continued use is not medically necessary.