

Case Number:	CM14-0054771		
Date Assigned:	07/07/2014	Date of Injury:	07/30/2006
Decision Date:	08/07/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/23/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 patient is a 29-year-old male with a date of injury of July 30, 2006. The patient has chronic low back pain radiating to the right leg. The pain is made worse by any sort of physical activity. On physical examination the patient has decreased neck right shoulder and back ranges of motion. There is tenderness to palpation of the cervical spine. The patient has normal lower extremity reflexes and normal motor strength in all 4 extremities. There is decreased sensation on the right leg. Diagnoses include cervical degenerative disc condition lumbar degenerative disc condition shoulder joint bursitis and rotator cuff tendinitis and cervical facet joint arthropathy. The patient is using Nor Probe, Soma, Neurontin, Lidoderm Patch and Flexor Patch. At issue is whether Soma is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Muscle Relaxants.

Decision rationale: Soma is muscle relaxants. Guidelines indicate that muscle relaxants should be used with caution as a second line option for the acute treatment of low back pain. They are not to be used in the long-term. There is no additional benefit shown them muscle relaxants combined with NSAID medications. Efficacy tends to diminish over time and may lead to drug dependence. This patient does not meet established criteria for continued use of Soma. Guidelines do not support long-term is for chronic pain. In addition, the patient has chronic symptoms and is no documentation of an acute flare-up or muscle spasm. Therefore, the request for Soma 3650 mg #90 is not medically necessary.