

Case Number:	CM14-0066048		
Date Assigned:	07/11/2014	Date of Injury:	01/31/2003
Decision Date:	09/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/09/2014

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 records presented for review indicate that this 40-year-old female was reportedly injured on January 31, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 15, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated decreased lumbar spine range of motion limited by pain and guarding. There was spinous process tenderness. The neurological examination revealed decreased sensation over the lateral aspect and medial aspect of both feet and the lateral aspect of each side. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes an L4 - L5 discectomy, and a subsequent fusion and placement of a spinal cord stimulator trial. There have also been treatments with physical therapy, trigger point injections, acupuncture, and psychotherapy. A request had been made for Soma and was not certified in the pre-authorization process on April 29, 2014.

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 Muscle relaxants.

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

Decision rationale: The California MTUS Guidelines specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the MTUS against the use of this medication, this request for Soma is not medically necessary.