

Case Number:	CM14-0069037		
Date Assigned:	07/14/2014	Date of Injury:	07/10/2011
Decision Date:	10/03/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/14/2014

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 48-year-old female was reportedly injured on July 10, 2011. The mechanism of injury is listed as plastic totes fallen on the individual causing low back injury. The most recent progress note, dated February 27, 2014, indicated that there were ongoing complaints of low back pain radiating into the right lower extremity. The pain was rated at 8/10. The physical examination demonstrated a 5'3", 200 pound individual who was normotensive (108/88). There was tenderness to palpation over the paraspinal musculature in the posterior cervical spine. There was tenderness over the facet joints in lumbar spine, and a lumbar spine range of motion was noted to be reduced. Deep tendon reflexes were noted to be 2+ symmetric bilaterally in the lower extremities. Muscle strength was 5/5 in all 4 limbs and sensation was intact. Diagnostic imaging studies objectified ordinary disease of life multiple level degenerative changes in the lumbar spine. A disc bulge was also identified. Previous treatment included conservative care, multiple medications, physical therapy, and pain management interventions. A request had been made for the medication Soma and was not certified in the pre-authorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tablet three times a day as needed Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS 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 medication is not medically necessary.