

Case Number:	CM14-0070107		
Date Assigned:	08/06/2014	Date of Injury:	06/21/2001
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 Pain Medicine 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:

The injured worker is a 61-year-old male who reported an injury on 06/21/2001 reportedly he slipped on loose rocks and injured his low back. The injured worker's treatment history included medications, physical therapy sessions, TENS unit, and surgery. The injured worker was evaluated on 04/22/2014, and it was documented the injured worker complained of pain that was 8/10, not changed, and was constant and dull with burning, pins and needles, and numbness and tingling of the legs. Sitting for too long increases his pain. Standing too long makes the pain less. The provider noted the injured worker was counseled about pain medications and would like to start weaning at least OxyIR. It was noted that he weaned from 140 to 130. Physical examination revealed decreased range of motion of the lumbar spine in flexion and extension. Medications included OxyContin, Anaprox, Soma, and OxyIR. The provider failed to indicate VAS scale measurements while the injured worker is on medications. Diagnoses include a lumbar disc disease and lumbar radiculopathy. The request for authorization dated 04/02/2014 was for Soma 350 mg; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: 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 Muscle Relaxants page Page(s): 63.

Decision rationale: The request for Soma 350mg #30 is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. There is lack of evidence provided that the injured worker received conservative care such as physical therapy and pain medication management. Furthermore, the request lacked frequency and duration of the medication there is no documentation provided on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. In addition, the guidelines do not recommend Soma to be used for long-term use. Given the above the request for Soma is not medically necessary.