

Case Number:	CM14-0079440		
Date Assigned:	07/18/2014	Date of Injury:	04/06/2011
Decision Date:	09/19/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/29/2014

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 & 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 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 56-year-old female who was reportedly injured on April 6, 2011. The mechanism of injury is listed as a trip and fall. The most recent progress note dated June 6, 2014, indicates that there are ongoing complaints of cervical spine pain, lumbar spine pain, bilateral hand/wrist pain, and difficulty sleeping. Current medications include Norco, soma, atenolol, Prilosec, calcium and Claritin. The physical examination revealed tenderness and spasms over the lumbar paraspinal muscles. There was decreased lumbar spine range of motion and a positive left-sided straight leg raise test. Weakness was noted at the extensor hallucis longus and tibialis anterior. Diagnostic imaging studies of the lumbar spine should we compression deformity of T 12 of about 50%. There was also a posterior spur complex at T11-T12 and a 3 mm disc bulge at L4 - L5, studies of the lumbar spine revealed and L4 - L5 spondylolisthesis. Previous treatment includes a cervical spine fusion and postoperative physical therapy. A request was made for Soma 350mg #60 with one refill for the purpose of weaning to discontinue and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #60 with one refill for the purpose of weaning to discontinue, over a weaning period of 2-3 months: Overturned

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

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

Decision rationale: A review of the medical record indicates that the injured employee has been taking Soma for an extended period of time. The California Chronic Pain Medical Treatment Guidelines does not recommend prolonged usage of Soma. Abrupt cessation of the use of Soma is not advisable. Considering this, the request for Soma 350mg #60 with one refill for the purpose of weaning to discontinue over a weaning period of 2-3 months is medically necessary.