

Case Number:	CM14-0174312		
Date Assigned:	10/24/2014	Date of Injury:	07/14/2008
Decision Date:	01/06/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/20/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old woman who sustained a work-related injury on July 14, 2008. Subsequently, she developed chronic neck pain. According to the progress report dated September 30, 2014, the patient complained of constant low back pain, rated 6/10, with radiation to the bilateral lower extremities down to the knee, associated with stiffness. She stated that her low back pain feels the same since her last visit. She also complained of anxiety, depression, stress, and insomnia. She reported cramps and abdominal pain as well. Her current medications include tramadol and soma. Examination revealed clean, dry, and intact incisions, anteriorly and posteriorly. The patient was diagnosed with lumbar spine herniated nucleus pulposus at L4-S1 with annular tear and spondylosis, bilateral lower extremity radiculopathy, right hip musculoligamentous sprain/strain, right knee medial meniscus tear with chondromalacia patella, left knee internal derangement with medial meniscus tear with medial tibial condyle contusion or non-displaced, bilateral wrist musculoligamentous sprain/strain, status post carpal tunnel release, lumbar spine myofascial pain syndrome, status post anterior posterior fusion at L4-S1, and anxiety/depression/sleep disorder. The provider requested authorization for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for more than 3 weeks without clear evidence of spasm or exacerbation of neck pain. There is no justification for prolonged use of Soma. The request for Soma is not medically necessary.