

Case Number:	CM14-0210570		
Date Assigned:	12/23/2014	Date of Injury:	01/04/2007
Decision Date:	02/13/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/16/2014

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 Internal 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 (IW) is a year-old man with date of injury of January 4, 2007. The injured worker's working diagnoses are left sciatic nerve pain; and left lumbar facet pain at L4-L5 and L5-S1. Pursuant to the progress note dated October 30, 2014, the IW complains of low back pain, left hip and buttocks pain, and left leg pain radiating down his left leg. The provider reports the injured worker's medications have been recently denied by the carrier. Objectively, the IW walks with an antalgic gait, favoring his left leg. Straight leg raise is negative. Faber's test is negative. He has scattered areas of decreased sensation over the lateral calf. He has marked tenderness over the left SI joint and greater trochanter. Documentation indicated that the IW takes Norco, Soma Tizanidine, and Lunesta. The provider reports he will be adding Tramadol to the medication regimen. The IW has been taking Soma since June 10, 2014, according to a progress note with the same date. There was no evidence of objective functional improvement associated with the ongoing use of 2 muscle relaxants concurrently. The current request is for Soma 350mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg is not medically necessary. Muscle relaxants are recommended as a second line treatment for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is left sciatic nerve injury; left lumbar facet pain at the L4- L5 and L5 S1. The documentation indicates the injured worker was taking Soma as far back as June 10, 2014. Documentation from an October 30, 2014 progress note reflects the injured worker takes Tizanidine (a muscle relaxant) at night and Soma 350 mg during the day. Soma is indicated for short-term (less than two weeks) treatment of acute low back pain and acute exacerbations of chronic low back pain. The injured worker did not have low back spasm complaints. In either case, the treating physician exceeded the recommended guidelines of two weeks. There was no clinical documentation showing objective functional improvement. Consequently, absent clinical documentation to support the ongoing use of Soma and exceeding the recommended guidelines of less than two weeks, Soma 350 mg not medically necessary.