

Case Number:	CM14-0216192		
Date Assigned:	01/06/2015	Date of Injury:	04/17/2002
Decision Date:	02/23/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old male reportedly sustained a work related injury on April 17, 2002 due to bending and lifting. Diagnoses include chronic back pain, lumbar sprain/strain degenerative disc disease (DDD) and disc herniation. The record mentions magnetic resonance imaging (MRI) revealing degenerative disc disease (DDD) facet arthrosis and disc herniation but did not provide a report or date of test. Office visit dated October 2, 2014 the injured worker complains of constant back pain, muscle spasms radiating down his right leg and numbness. He also complains back and leg cramps wake him up during the night. Physical exam reveals forward flexion of 30 degrees and extension of 10 degrees. He ambulates with a limp of right leg. Office visit dated December 1, 2014 provides the injured worker has constant back pain, muscle spasms radiating down his right leg and numbness. The injured worker stated he gets 50% reduction in pain and 50% improvement in activities of daily living (ADL). Pain is rated 8/10 and at best 4/10 while using medication and 10/10 without medication. The injured worker is on home exercise program and on Social Security disability. Medications are Methadone, Norco and Soma. On December 15, 2014 utilization review determined a request for Soma 350mg qty. 30 dated December 1, 2014 to be non-certified. Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were cited in the determination. Application for independent medical review (IMR) is dated December 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 24, 29, 124.

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone which increases side effect risks and abuse potential. The request for Soma is not medically necessary.