

Case Number:	CM14-0072645		
Date Assigned:	07/16/2014	Date of Injury:	11/17/2003
Decision Date:	04/09/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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: Nevada, California
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57-year-old male who reported an injury on 11/17/2003. The mechanism of injury was not stated. The current diagnoses include left sacroiliitis and status post L4-S1 fusion in 2004. The latest physician progress report submitted for review is documented on 03/31/2014. The injured worker presented for a follow-up evaluation with complaints of 8/10 low back pain. The injured worker also reported numbness and radiating pain in the left lower extremity. It was noted that the injured worker was utilizing Soma 350 mg, Norco 7.5/325 mg, and Prilosec. Upon examination, there was a mildly antalgic gait, tenderness over the midline and bilateral paraspinal muscles, a well healed incision, positive facet challenge bilaterally, positive faber test on the left, positive Gaenslen's maneuver on the left, decreased sensation in the L4-S1 distribution, and 4/5 motor weakness. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg po daily #15: 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 Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. In this case, it is noted that the injured worker has continuously utilized the above medication for an unknown duration. There was no objective evidence of palpable muscle spasm or spasticity upon examination. The medical necessity for the ongoing use of Soma 350 mg has not been established in this case. The guidelines would not support long term use of muscle relaxants. Given the above, the request is not medically appropriate.