

Case Number:	CM15-0003202		
Date Assigned:	01/14/2015	Date of Injury:	07/30/1997
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 40 year old male sustained an industrial injury on 7/30/97. The mechanism of injury was not detailed in the case file. Diagnoses include L5-S1 disc protrusion. He subsequently reports chronic back pain. Current medications include Motrin, Zolpidem, Soma and Norco. On 12/11/14 UR non-certified Soma 350 mg 1 Q 6-8 hrs w/ 2 Refills. The Soma medication was not certified based on the indications in the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg 1 q 6-8 hrs with 2 refills: Upheld

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

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 a long time without clear evidence of pain improvement. In addition, prior peer reviews dated December 17, 2013 and April 16, 2014 had recommended discontinuation of this medication. There is no justification for prolonged use of Soma. The request for Soma 350mg with 2 refills is not medically necessary.