

Case Number:	CM15-0007742		
Date Assigned:	01/26/2015	Date of Injury:	05/19/2001
Decision Date:	03/17/2015	UR Denial Date:	01/04/2015
Priority:	Standard	Application Received:	01/13/2015

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:

The injured worker is a 54 year old male who sustained a work related injury May 19, 2001. Past history included; left shoulder arthroscopy with debridement SLAP lesion 8/2002; s/p non-displaced distal fracture of the right elbow, healed; anterior and posterior lumbar fusion L3 to S1 7/2003; and arthroscopy, meniscectomy and chondroplasty of the right knee 2/2004. According to a primary physician's report dated December 22, 2014, the injured worker presented with complaints of low back pain that radiates into his left lower extremity, to the level of his left knee. He believes the pain is exacerbated by the cold weather changes. There is also neck and left shoulder pain present. Physical examination reveals tenderness over the lumbosacral spine and over the bilateral lumbar paraspinal muscles. Active range of motion of the lumbar spine documented as; flexion 35 degrees, extension 10 degrees, and lateral bending 10 degrees bilaterally. Diagnosis is sprain/strain of the cervical spine, superimposed upon 3mm disc protrusion at C6-7. Treatment plan included modification of Norco with no refills and Soma 350mg #30 with no refills. Work status is documented as permanent and stationary. According to utilization review dated January 4, 2015, the request for Norco 10/325mg #90 is certified. The request for Soma 350mg #30 is non-certified, citing MTUS Chronic Pain Guidelines; Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

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 spasm or excacerbation of neck and lumbar pain. There is no justification for prolonged use of Soma. The request for Soma 350mg #30 is not medically necessary.