

Case Number:	CM15-0100221		
Date Assigned:	07/16/2015	Date of Injury:	01/29/2010
Decision Date:	08/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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, Alabama, 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 46 year old female, who sustained an industrial injury on 1/29/10. The diagnoses have included lumbar degenerative disc disease (DDD), lumbar stenosis, lumbar facet arthropathy, chronic lumbago, intermittent lumbar radiculopathy, left ankle sprain, healed and chronic intractable pain. Treatment to date has included medications, diagnostics, activity modifications, other modalities, facet medial branch blocks and lumbar facet neurotomy on the left. Currently, as per the physician progress note dated 3/30/15, the injured worker complains of mid back pain, low back pain that radiates to the buttocks, left knee pain and left ankle pain that is rated 2/10 with medications and increases to 3-8/10 on pain scale without medications. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine, x-rays of the lumbar spine and x-rays of the left ankle. The current pain medications included Norco, Soma, and Flector patch. The physical exam reveals lumbar tenderness with palpation and above the upper buttocks. There is decreased lumbar range of motion with pain and there is a positive facet loading test. Work status is permanent and stationary. The physician requested treatment included Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

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 #60 is not medically necessary.