

Case Number:	CM15-0168209		
Date Assigned:	09/08/2015	Date of Injury:	09/09/2006
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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:

This is a 67-year-old male with a date of injury on 9-9-2015. A review of the medical records indicates that the injured worker is undergoing treatment for prolonged post-traumatic stress disorder, motor vehicle accident of unspecified nature, bronchus injury without mention of open wound, unspecified chest pain, injury to nerves unspecified site, and carpal tunnel syndrome. Medical records (2-24-2015 to 6-12-2015) indicate ongoing chest wall pain rated at 2 out of 10 with medication and 5 to 7 out of 10 without medication. The injured worker noted that Soma improved his sleep and lower extremity cramping. He was noted to have taken Soma for many years and only used it as needed. Physical exam revealed a well-healed chest laceration scar. The physician documented "minimal tenderness to palpation right lateral ICS and with lateral chest compression." Per the treating physician (6-24-2015), the employee remained permanent and stationary. Treatment has included medication. The treating physician indicates that the urine drug testing results (January 2015) showed the presence of no control drugs, which was consistent with his less than daily use of as needed Norco. The original utilization review (UR) (8-13-2015) modified a request for Soma 350mg #60 to Soma 350mg #30 to facilitate weaning. The UR certified a request for Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 63, 65.

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation that the patient has spasm and there is no justification of prolonged use of Soma. Therefore, the request for Soma 350mg #60 is not medically necessary.