

Case Number:	CM15-0184505		
Date Assigned:	09/25/2015	Date of Injury:	10/21/1998
Decision Date:	10/30/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/18/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 57-year-old male, who sustained an industrial injury on 10-21-98. The injured worker has complaints of back pain. The pain is described as stabbing and burning in the low back, aching in the groin and right lower extremity. The injured worker reports on 8-11-15 that with soma his spasm are better controlled and that it has proved improved quality of sleep, increased ease of movement and ability to do more around the house. The injured worker rates the pain as 7 out of 10 on a visual analog scale without medications and 4 out of 10 with medications. Lumbar spine examination revealed sciatic notches are painful to palpation right greater than left and sacroiliac joints are tender right greater than left. There is tenderness over the paraspinals bilaterally; myofascial restrictions appreciated and there is increased pain with flexion and extension. Straight leg raise is positive bilaterally, right more than left. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis, unspecified; lumbago; muscle pain; numbness and chronic pain syndrome. Treatment to date has included a home exercise program; lumbar epidural steroid injection done on 1-6-15 with documentation that on 8-11-15 that it has worn off; norco; ms contin; soma; physical therapy and transcutaneous electrical nerve stimulation unit. Magnetic resonance imaging (MRI) of the lumbar on 5-20-14 showed at L1-2 there is a small, 2.0-millimeter annular diffuse disc bulge, most pronounce in the right paracentral to extraforaminal region, without significant central canal or neural foraminal stenosis. The original utilization review (8-17-15) non-certified the request for soma 350mg, 1 tablet by mouth four times a day quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, 1 tablet by mouth four times a day quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to warrant the use of this medication longer than 2-3 weeks. The request for Soma 350 mg #120 is not medically necessary.