

Case Number:	CM15-0190870		
Date Assigned:	10/05/2015	Date of Injury:	04/01/2005
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 4-1-05. Current diagnoses or physician impression include lumbar radiculopathy and post lumbar fusion. Notes dated 7-22-15 - 8-19-15 reveals the injured worker presented with complaints of left lower extremity numbness when rising from a lying position resulting in falls. The left leg numbness extends to his large toe and is also noted in the left buttock region. He reports shooting low back pain that radiates to the back of his thigh and calf to the sole of his foot and middle three toes. He reports his pain is reduced to 4 out of 10 with medication. Physical examinations dated 7-22-15 - 8-19-15 revealed cervical spine tenderness at C4-C5 interspinous, paraspinal spasm, restricted cervical rotation and the Spurling's test caused local cervical pain. There is also bilateral occipital nerve tenderness. The lumbar spine reveals abnormalities. Sensory abnormalities noted; hyperesthesia at the medial leg over L4 distribution and decreased sensation left L5 distribution of the dorsal foot and large toe, there is also decreased sensation in the left gluteal region. His has back pain with right lower extremity pain and diffuse numbness in the left lower extremity. Treatment to date has included lumbar decompression and fusion (x2), electrospinal stimulator (failed, per note dated 8-19-15) and medications; Lunesta, Cymbalta, MS Contin, Percocet, Promethazine, Seroquel and Soma (for at least 7 months). A urine toxicology screen dated 6-3-15 is appropriate, per note dated 7-22-15. A request for authorization dated 8-17-15 for Soma 350 mg #60 is modified to #30, per Utilization Review letter dated 9-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 (1 tab by mouth twice a day, 30 day supply): 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: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.