

Case Number:	CM15-0191309		
Date Assigned:	10/05/2015	Date of Injury:	02/25/2013
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 41 year old male, who sustained an industrial injury on 2-25-2013. Medical records indicate the worker is undergoing treatment for herniated disc, lumbar radiculopathy. A recent progress report dated 9-14-2015, reported the injured worker complained of low back pain, radiating down the left leg intermittently as well as the upper back, rated 3-4 out of 10. Physical examination revealed antalgic gait and "seems to be in moderate pain". Treatment to date has included Oxycodone and Soma (since at least 4-21-2015). On 9-14-2015, the Request for Authorization requested Soma 350 mg tab, # 30 with 2 refills, 1 by mouth every night. On 9-18-2015, the Utilization Review noncertified the request for Soma 350 mg tab, # 30 with 2 refills, 1 by mouth every night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg tab, Qty 30 with 2 refills, 1 by mouth every night: 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: According to the MTUS section on chronic pain muscle relaxants (such as soma) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP, they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. Muscle relaxants are only recommended as a brief treatment for pain. In this case, the documentation supports that the patient has been using soma for chronic back pain for longer than the recommended amount of time. The continued use of soma is not medically necessary.