

Case Number:	CM15-0191867		
Date Assigned:	10/06/2015	Date of Injury:	03/15/2002
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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male sustained an industrial injury on 3-15-02. Documentation indicated that the injured worker was receiving treatment for lumbar post laminectomy syndrome with opioid dependence and brachial neuritis. Previous treatment included lumbar laminectomy, physical therapy, injections, acupuncture, transcutaneous electrical nerve stimulator unit, ice and heat and medications. The injured worker previously used Baclofen, Tizanidine, Robaxin and Flexeril without relief. In a PR-2 dated 1-28-15, the injured worker complained of neck and low back pain, rated 8 to 9.5 out of 10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the cervical spine paraspinal musculature with "decreased" range of motion and positive Spurling's sign. Lumbar fusion had been recommended but the injured worker wanted to avoid surgery. The physician noted that the injured worker could not take non-steroidal anti-inflammatory medications due to increased creatinine clearance. The treatment plan included discontinuing Soma, increasing Lyrica dosage and changing Norco to Percocet. In PR-2's dated 2-16-15, 4-24-15 and 8-12-15, the injured worker complained of pain ranging from 4 to 9 out of 10. Documentation indicated that the injured worker had been continued on Soma throughout. In a progress note dated 9-9-15, the injured worker complained of neck and low back pain rated 6 to 9 out of 10. The injured worker stated that he wanted a trial of lowering his medication regimen. Physical exam was remarkable for tenderness to palpation throughout the back with spasms, "decreased" lumbar range of motion in all planes, bilateral lumbar trigger points and positive bilateral straight leg raise. The treatment plan included discontinuing Percocet, a trial of Dilaudid, lowering Soma 360mg #120 per month to Soma 350mg #90 per

month and lowering Lyrica 150mg #90 to Lyrica 150mg #60. On 9-18-15, Utilization Review noncertified a request for Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with neck and low back pain rated 6 to 9 out of 10. The current request is for Soma 350mg #90. The treating physician states, in a report dated 07/14/15, Soma 350 mg #120 nrf. Patient understands that he will d/c this medication in the near future. Encouraged him to begin weaning. He states he cannot. (37B) The MTUS guidelines are very clear regarding Soma which states, "Not recommended: This medication is not indicated for long-term use. Continued usage of this muscle relaxant is not supported by MTUS beyond 2-3 weeks." This patient has been taking Soma since at least 03/26/15 and a prior non-certification of this medication was made on 04/10/15. (30B) There is no compelling rationale provided by the treating physician to continue this patient on this centrally acting skeletal muscle relaxant beyond the MTUS guideline recommendation of 2-3 weeks. The current request is not medically necessary.