

Case Number:	CM15-0034474		
Date Assigned:	03/02/2015	Date of Injury:	01/18/2001
Decision Date:	04/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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

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:

The injured worker is a 43 year old male who sustained a work related injury on January 18, 2001, incurring injuries to his back and spine. He was diagnosed with degenerative disc disease. Treatments included pain medications, muscle relaxants, anti-inflammatory drugs, epidural steroid injections, aquatic therapy, and physical therapy. He underwent a lumbar laminectomy and discectomy with recurrent disk herniation and radiculopathy. Currently, the injured worker complained of constant back pain with muscle spasms radiating into his left leg with numbness. On March 10, 2015, a request for one prescription for Soma 350 mg, #60 was modified to one prescription for Soma 350 mg, #7, by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with chronic low back pain with radicular symptoms and muscle spasms. The current request is for SOMA 350MG #60. The MTUS Guidelines page 63-66 states, muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. This patient has been prescribed Soma since at least 12/1/14. MTUS Guidelines supports the use of Soma for short course of therapy, not longer than 2 to 3 weeks. This request IS NOT medically necessary.