

Case Number:	CM15-0035891		
Date Assigned:	03/04/2015	Date of Injury:	02/22/2005
Decision Date:	04/13/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/25/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52-year-old male, who sustained an industrial injury on 2/22/2005. The details regarding the initial injury and prior treatments were not submitted for this review. The diagnoses have included left knee pain status post surgical intervention and back pain, lumbar facet disease. Currently, the IW complains of pain in the back and knee rated 3/10 VAS with medications. The provider documented failure with Flexeril, and the medication was changed to Soma 350mg. The physical examination from 1/5/15 documented no physically objective findings. On 1/20/2015, Utilization Review approved certification for Motrin 800mg #60 with three refills and modified certification for Soma 350mg #30 with no refills. The MTUS, ACOEM, or ODG Guidelines were cited. On 2/25/2015, the injured worker submitted an application for IMR for review of Motrin 800mg #60 with three refills and Soma 350mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 60 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma
Page(s): 29.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. In this case, the medical records do not document the presence of spasm or excacerbation of the lumbar pain. There is no justification for the use of Soma since there is no recent documentation of objective findings. The request for Soma 350mg #60, with 2 refills is not medically necessary.