

Case Number:	CM15-0049592		
Date Assigned:	03/23/2015	Date of Injury:	01/27/2013
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/16/2015

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:

This 46 year old man sustained an industrial injury on 1/27/2013. The mechanism of injury is not detailed. Evaluations include electromyogram/nerve conduction velocity. The treating diagnosis is meralgia paresthetica secondary to lateral femoral cutaneous neuralgia. Treatment has included oral medications and lateral femoral cutaneous nerve block. Physician notes dated 1/30/2015 show continued complaints of right hip pain rated 7/10 that is described as worsening and bilateral foot pain. The worker is requesting a trial of spinal cord stimulator and consultation with a podiatrist. Recommendations include a spinal cord stimulator trial, Percocet, Lunesta, Neurontin, soma, Colace, consultation with podiatry, and physical therapy.

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 Page(s): 29.

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

Decision rationale: This patient has a date of injury of 01/27/13 and presents with right hip pain over the right lateral femoral cutaneous nerve. 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." The patient has been utilizing Soma since at least 08/11/14. MTUS Guidelines supports the use of sedating muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. This request is not medically necessary.