

Case Number:	CM15-0059512		
Date Assigned:	04/06/2015	Date of Injury:	06/08/2012
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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: Family Practice

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 53 year old male patient who sustained an industrial injury on 06/08/2012. The patient underwent anterior lumbar interbody fusion (ALIF) treating radiculopathy on 09/29/2014. Prior diagnostic testing to include: radiography study, laboratory work up, and computerized tomography study. A secondary treating office visit dated 10/15/2014 reported subjective complaints of ongoing post-operative back pain. He also reports achiness of the hips. Current medications are: Oxycodone every six hours as needed for pain. He is diagnosed with being status post lumbar spine decompression surgery on 06/10/2013 with residuals, and status post anterior lumbar fusion at L5-S1 on 09/29/2014. The plan of care involved recommending a post-operative lumbar spine computerized tomography study. The most recent visit dated 03/06/2015 reported the patient returning for a pain management follow up. Subjective complaints are of having left hip, left anterior leg, left anterior knee, left shin, left ankle, right hip, right anterior leg, right anterior knee, right lumbar, right sacroiliac, right buttock, right pelvic, sacral, left buttock, left pelvic, left sacroiliac and right posterior leg pains. He is diagnosed with neuritis/radiculitis thoracic, lumbosacral, lumbar disc disorder. The plan of care noted recommendation to obtain medical records, neurosurgical consultation, prescribing Soman and a FCL topical cream. He is to remain temporarily totally disabled for 45 days and follow up in 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic low back pain, having sustained a work-related injury on 06/08/2012. This patient has had two lumbar spine surgical procedures and has become opioid dependent. Soma is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm, as a second-line agent. Using Soma over the long-term (more than 2-3 weeks) is not recommended. Soma is metabolized by the body into meprobamate, a schedule IV controlled substance. Side effects include sedation and medication dependence. Given the chronic nature of the patient's pain, Soma is not medically indicated.