

Case Number:	CM15-0082600		
Date Assigned:	05/05/2015	Date of Injury:	06/22/2011
Decision Date:	06/11/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/29/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female who sustained a work related injury June 22, 2011. Past history included a left 4-5 microdiscectomy, August 12, 2014. MRI on 10/22/14 states there is L4-5 disc desiccation with disc bulge measuring 3mm and mild left neural foraminal stenosis with mild right-sided facet joint effusion. L5-S1 is normal. According to a treating physician's progress note, dated March 12, 2015, the injured worker presented with muscle spasm in the low back to the left. She has completed 19 sessions of physical therapy. She had visited an emergency room for chest pain and diagnosed with esophageal irritation and a yeast infection in the mouth. She was taken off of Voltaren and has been having difficulty with nerve pain and muscle spasm and the yeast infection is still present. She is receiving massages at therapy and is making progress walking better, with some left hip nerve type pain remaining. Impression is documented as persistent radicular pain left buttock. Treatment is documented as awaiting authorization for epidural blocks. Plan is to continue medications including Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

Decision rationale: Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbations of muscle spasm in patients with chronic lower back pain. According to the cited guidelines, muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs. Additionally efficacy of anti spasmodic agents such as Soma appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time. Therefore, the request is not medically necessary.