

Case Number:	CM15-0089148		
Date Assigned:	05/13/2015	Date of Injury:	09/11/2012
Decision Date:	06/23/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 39 year old male who sustained a work related injury September 11, 2012. Past history included left L4-L5, L5-S1 transforaminal selective nerve root block and lidocaine injection, March 3, 2015. While checking the safety chain on a truck, he stood up, turned and felt a pop in the middle of his lower back, at which time his legs gave out. An MRI dated March 6, 2014 revealed multi-level degenerative changes, lumbar spine. A physician's encounter notes, dated March 9, 2015, finds the injured workers pain post injection unchanged, rated 8/10. He will be starting physical therapy immediately. The diagnoses are documented as lumbago, insomnia and lumbar radiculopathy. At issue, is the request for Soma. The medications listed are Soma, Gralise, tramadol and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mgs #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter 29, 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of muscle relaxants be limited to periods of less than 4 weeks during exacerbation of musculoskeletal pain. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with other sedative agents. The use of Soma is associated with significantly higher incidence of these adverse effects because of the central anesthetic action of the active metabolite - meprobamate. The records show that the patient is utilizing multiple opioids and sedative medications concurrently for longer than the guidelines recommended maximum period. The criteria for the use of Soma 350mg #60 was not met. Therefore the request is not medically necessary.