

Case Number:	CM14-0110448		
Date Assigned:	09/16/2014	Date of Injury:	10/09/2012
Decision Date:	10/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old man who sustained a work related injury on October 9, 2012. Subsequently, he developed chronic low back pain. On November 6, 2012 an MRI of the lumbar spine showed lumbar spondylosis, progressively worse at the lower levels, with moderate narrowing of the lateral recesses at L4-5 and mild narrowing of the lateral recesses at L5-S1. The patient has been taking Oxycodone and hydrocodone since October 2012. In mid November 2012, he had a course of physical therapy, which provided no lasting improvement. On January 22, 2013 he had an L4-5 lumbar epidural steroid injection. He states that this provided no improvement. He subsequently had trigger point injections, which provided temporary improvement. According to an evaluation report dated May 27, 2014, the patient complains of constant lower back pain radiating into the right leg anteriorly to the foot with numbness and tingling in the foot. He reported severe pain with depression and anxiety. His physical examination of the thoracolumbar spine revealed tenderness to palpation from L2 to S2 in the midline with limited range of motion and no spasm. Straight leg raising is 90 degrees bilaterally. He ambulated with a stiff back gait. In a progress note dated June 19, 2014, the patient reported low back pain radiating down to his right leg. He stated that his pain level is 8-9/10 with medications. The patient was diagnosed with lumbar degenerative disc disease, worse at L4-5 with spinal stenosis and foraminal stenosis; lumbar radiculopathy possibly related to L5 nerve root compression; possibility of lumbar facet osteoarthritis; and myofascial pain syndrome. The provider requested authorization to use Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg with 3 refills (quantity unknown): Upheld

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

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants 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. According to the provided file, the patient has no clear evidence of spasm or excacerbation of back pain. There is no justification for use of Soma. The request for SOMA is not medically necessary.