

Case Number:	CM14-0115295		
Date Assigned:	08/04/2014	Date of Injury:	09/29/2008
Decision Date:	11/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 52 years old male with an injury date on 09/29/2008. Based on the 06/04/2014 progress report provided, the diagnoses are: 1. Multilevel disc bulges, L4-L5 disc protrusions. 2. L3 to S1 moderate spinal stenosis. 3. Lumbar spine radiculopathy. 4. Gastritis. 5. Sexual dysfunction. According to this report, the patient complains of pain in the lumbar spine that radiates to the left hip and down the leg all the way down the foot with numbness, tingling, and weakness. Pain is rated at an 8/10 that is constant, spasm, and sharp. Physical exam reveals positive stoop test and toe-heel walk. The patient has a "positively antalgic gait." Range of motion of the lumbar spine is restricted. "The patient is considering proceeding with lumbar spine surgery as recommended due to the fact that he is getting worse." There were no other significant findings noted on this report. The utilization review denied the request on 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg twice daily as needed #60 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain) Page(s): 29; 63-66.

Decision rationale: According to the 06/04/2014 report, this patient presents with pain in the lumbar spine that radiates to the left hip and down the leg all the way down the foot with numbness, tingling, and weakness. The treater is requesting Soma 350mg twice daily as needed #60 2 refills. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lower back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Soma #60 with 2 refills; the patient has been on Soma since 03/11/2014. Soma is not recommended for long term use. The treater does not mention that this is for a short-term use. The request is not medically necessary.