

Case Number:	CM14-0128708		
Date Assigned:	08/15/2014	Date of Injury:	04/26/2010
Decision Date:	10/21/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/12/2014

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 61-year-old woman with past medical history significant for bronchitis, depression, diabetes, previous heart attack (with a pacemaker), high blood pressure, hyperlipidemia, incontinence, and sleep disturbances. The patient sustained a work related injury on April 26, 2010. Subsequently, she developed chronic low back pain and numbness and tingling radiating down into the posterolateral portion of the left lower extremity. The patient was treated with medications, rest, and a lumbar epidural steroid injection around the end of May 2010 with minimal benefit. Prior medications consisted of Baclofen and Robaxin without much benefit. The patient also tried Zanaflex but was discontinued as the patient had nightmares with this medication. The patient was taking Soma for the muscle spasms. According to a visit note dated July 18, 2014, the patient states that she continues to have significant persistent pain. On a note dated March 3, 2014, it was stated that there is not much more that can be offered to the patient in terms of non surgical treatment modalities. The patient has significant back pain with disc degeneration and facet arthropathy with some stenosis at L4-5 and L5-S1. The patient continued to have lower back pain with radiation into the lower left extremity posteriorly through the bottom of the foot. In her current regimen, her pain is 10+/10 without medications and decreased to 5/10 with medication. Her physical examination revealed severe tenderness to palpation in the lumbosacral region and paraspinal region bilaterally with reduced range of motion. There are also notable myofascial spasms in the lumbar paraspinal region bilaterally. Muscle strength was reduced in both lower extremities. The patient was diagnosed with lumbar disc displacement without myelopathy, stenosis spinal lumbar, disorder sacrum, and sciatica. 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:

Retrospective Soma (350mg, #90 DOS: 05/09/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63, 65.

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 was prescribed Soma for more than a year without clear evidence of improvement. There is no justification for prolonged use of Soma. Therefore, the Retrospective request of Soma (350mg, #90 DOS: 05/09/2014) is not medically necessary.