

Case Number:	CM14-0132844		
Date Assigned:	09/18/2014	Date of Injury:	09/18/2000
Decision Date:	10/22/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 42 year old female who was injured on 9/18/2000. The diagnoses are low back pain, lumbar stenosis and bilateral knees pain. There are associated diagnoses of anxiety and depression. On 6/19/2014, the treating physician noted subjective complaints of low back pain and bilateral knee pain. There are objective findings of tenderness over the lumbar spine, muscle spasm and bilateral knees crepitus. The medications are Prozac for depression, Xanax for anxiety and Ambien for sleep. The patient is also on Anaprox and Ultram ER for pain and Soma for muscle spasm. There were no aberrant behaviors reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab Q6-8 hours PRN for the lumbar spine and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PT Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of muscle relaxants be limited to 4 weeks periods during exacerbation of chronic musculoskeletal pain that

did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, sedation, dependency, addiction and adverse interaction with other sedatives. Soma is a sedative muscle relaxant with significant addicting properties because of the barbiturate like action of its meprobamate metabolite. The records indicate that the patient had utilized Soma longer than the recommended 4 weeks. The patient is concurrently utilizing several sedative medications including Ambien and Xanax. The criteria for the use of Soma 350mg q 6-8 hours #90 was not met.