

Case Number:	CM14-0155629		
Date Assigned:	09/25/2014	Date of Injury:	11/22/2004
Decision Date:	11/14/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 59-year-old woman who sustained a work-related injury on November 22, 2004. Subsequently, she developed chronic neck and low back pain. The patient underwent a spinal fusion at L4-5 in 2008, an unknown lumbosacral surgery in 2009, and medial branch blocks at L2 and L5 in 2012. MRI of the lumbar spine performed on March 22, 2013 showed very slight increased central canal stenosis at L4-5 compared to the earlier examination. According to the progress note dated May 27, 2014, the patient continued with low back, mid-back and muscle pain in her legs. The low back pain is significantly relieved with the trigger point injections performed monthly. The thoracic back pain was increased with rotation or lifting objects. The patient rated her pain as a 4/10. Physical examination revealed non-antalgic gait with ability for heel to toe raise. There was tenderness to palpation of bilateral lumbar para-spinal muscles with trigger points and limitation of range of motion. There was symmetric bulk, tone, and strength at the lower extremities. The patient was diagnosed with lumbago, lumbosacral spondylosis without myelopathy, post-laminectomy syndrome of lumbar region, and myalgia and myositis. The provider requested authorization for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 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 has no clear evidence of spasm or exacerbation of back pain. There is no justification for use of Soma. The request for Soma 350 mg is not medically necessary.