

Case Number:	CM14-0157603		
Date Assigned:	09/30/2014	Date of Injury:	03/07/2008
Decision Date:	02/12/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 Rehab, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 3/7/08. A utilization review determination dated 9/17/14 recommends non-certification/modification of Soma. 8/25/14 medical report identifies pain in the low back, neck, and LUE with headaches and stress. She prefers not to have any narcotics because of previous side effects. On exam, there is limited ROM, tenderness, positive Spurling's on the left, decreased sensation C6 and C7 on the left, positive axial compression and foraminal compression, Patrick's/FABER test positive bilaterally. Recommendations include cervical ESI, back brace, TENS, Soma, lorazepam, and nabumetone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009), Page(s): 63-66.

Decision rationale: Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation

available for review, this is a sedating muscle relaxant being utilized chronically with no clear indication of specific analgesic benefit or objective functional improvement to continue its use despite the recommendations of the CA MTUS. In the absence of such documentation, the currently request for Soma is not medically necessary.