

Case Number:	CM14-0213659		
Date Assigned:	12/31/2014	Date of Injury:	02/25/2004
Decision Date:	02/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 65-year-old female with a date of injury of 02/25/2004. The medical file provided for review includes one Prescription that is dated 11/16/2014 and 2 progress reports dated 10/18/2005 and 02/10/2006. The utilization review discusses a progress report from 11/18/2014, which was not provided for my review. According to this report, the patient is being treated for multiple chronic pain problems. Medications help her with significant pain relief and allow her to perform her activities of daily living. Physical examination noted the patient suffers from painful muscle spasms. It was noted the patient has no drug-seeking behaviors. Request for authorization (RFA) dated 11/16/2014 states the patient has diagnoses of CBP, and request for medication Celebrex was made. This is a request for Soma 350 mg #60. Utilization review denied the request on 12/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: This patient presents with low back and right shoulder pain. The current request is for Soma 350 mg #30. The medical file provided for review includes no discussion regarding his medication. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations of patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications of this class may lead to dependence." It is unclear when this patient was first prescribed this medication. According to progress report dated 11/18/2014, the patient "suffers from painful muscle spasms." Although a short course of Soma for patient's muscle spasm may be indicated, the request is for #30. MTUS specifically states for Soma, the maximum recommendation is for 2 to 3 weeks. Therefore, the requested Soma 350 mg #30 is not medically necessary.