

Case Number:	CM15-0123855		
Date Assigned:	07/15/2015	Date of Injury:	05/27/2004
Decision Date:	08/10/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 injured worker is a 61 year old female who sustained an industrial injury on 5/27/04 involving the lumbar spine (per utilization review). She currently complains of increased low back pain and lower extremities. Her pain level is 7-8/10. She has difficulty performing activities of daily living due to increased pain. Physical exam of the lumbar spine had tenderness on palpation over lumbar sacral spine, facet joint, positive straight leg raise on the right and left; bilateral sacroiliac joint tenderness, positive Faber on the left. Medications were Percocet, clonazepam, Terocin lotion, Soma, Ambien. Her sleep is improved with sleep aid. She had 40% improvement in symptoms with medication. Diagnoses include lumbago; failed back surgery; thoracic/ lumbar radicular symptoms; sacroiliitis; insomnia; hip bursitis. Treatments to date include medication; spinal cord stimulator without benefit. In the progress note dated 5/19/15 the treating provider's plan of care includes request to continue Soma 350 mg # 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) Criteria for the use of muscle relaxants have been met in the provided clinical documentation for review. Therefore, the request is medically necessary.