

Case Number:	CM15-0073300		
Date Assigned:	04/23/2015	Date of Injury:	01/13/2007
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/16/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 30 year old male who sustained an industrial injury on 1/13/07. The injured worker reported symptoms in the back. The injured worker was diagnosed as having right lumbar radiculopathy with right lower extremity weakness; L4-L5 mild left neural foraminal stenosis, L5-S1 herniated nucleus pulposus, and lateral recess stenosis at S1, lumbar degenerative disc disease, mild facet joint arthropathy and lumbar sprain/strain. Treatments to date have included oral pain medication, topical patches, and activity modification. Currently, the injured worker complains of low back pain with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma
 Page(s): 29.

Decision rationale: According to MTUS guidelines, 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 was prescribed Soma a long time without clear evidence of spasm or exacerbation of neck and lumbar pain. There is no justification for prolonged use of Soma. The request for Soma 350mg, #90 with 1 refill is not medically necessary.