

Case Number:	CM14-0205595		
Date Assigned:	01/07/2015	Date of Injury:	04/17/2000
Decision Date:	12/16/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/09/2014

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 41 year old, male who sustained a work related injury on 4-17-2000. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 11-7-14, the injured worker reports continuing significant low back pain with radicular symptoms in both legs. He reports pain medication helps to provide him with "good relief." The Norco brings the pain down from 8 out of 10 to 4 out of 10. On physical exam dated 11-7-15, he has tenderness in the lumbar paraspinal muscles. He has significantly decreased lumbar range of motion. Some directions in the range of motion causes increased tingling and cold sensation in both legs. Treatments have included lumbar spine surgeries, medications and chiropractic treatments-good relief. Current medications include Norco, Lunesta, Soma, Flector patches and Cymbalta. He is working. The treatment plan includes refills of medications and another authorization for chiropractic treatments. In the Utilization Review dated 12-2-14, the requested treatment of Soma 350mg. #180 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma 350mg #180 is not medically necessary.