

Case Number:	CM13-0016873		
Date Assigned:	12/11/2013	Date of Injury:	07/20/2005
Decision Date:	01/27/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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:

The patient is a 54 year old female with a date of injury on 7/20/05. The progress report, dated 12/9/13 by [REDACTED] noted that the patient continued with chronic low back pain. The exam findings included tender left lumbar facet joints, pain with extension and rotation to the left. SLR was negative bilaterally. The patient's diagnoses include: left lumbar fact pain-with excellent response to radiofrequency; peripheral neuropathy. The patient received a refill of medications, which included Soma 350 mg #90 for muscle spasms and tightness. The records dated 4/29/13, 6/24/13, and 7/23/13 indicate that the patient has consistently been prescribed the same amounts of Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82.

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

Decision rationale: The progress report, dated 12/9/13 by [REDACTED], noted that the patient continued with chronic low back pain. The exam findings included tender left lumbar facet joints, pain with extension and rotation to the left. SLR was negative bilaterally. The patient's diagnoses include: left lumbar fact pain-with excellent response to radiofrequency; peripheral neuropathy. The patient received a refill of medications which included Soma 350 mg #90 for muscle spasms and tightness. The records dated 4/29/13, 6/24/13, and 7/23/13 indicate that the patient has consistently been prescribed the same amounts of Soma. The California MTUS pg. 29 states that Soma is not recommended and is not indicate for long term use. The recommendation is for denial.