

Case Number:	CM13-0019671		
Date Assigned:	01/17/2014	Date of Injury:	10/10/2001
Decision Date:	03/25/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/15/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 10, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxant; transfer of care to and from various providers in various specialties; medical food; topical compound; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said permanent limitations in place. In a Utilization Review Report of July 12, 2013, the claims administrator partially certified a request for Soma to facilitate weaning of the same. The applicant's attorney subsequently appealed. An earlier note of August 26, 2013 is notable for comments that the applicant reports persistent low back pain. The patient is now having worsened radicular complaints. The applicant was given diagnosis of chronic lumbar radiculopathy. The applicant's permanent restrictions were renewed. Soma was stopped. Flexeril and Norco were endorsed, along with Docuprene, gabapentin, and terazosin. A rather proscriptive 10-pound lifting limitation was renewed. It did not appear that the applicant was working with said limitations in place.

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.

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

Decision rationale: As noted in Page 29 of MTUS Chronic pain Medical Treatment Guidelines, Soma or Carisoprodol is not recommended for chronic or long-term use purposes, particularly when used in conjunction with opioid analgesics. In this case, the applicant was reportedly using several opioid and non-opioid agents, including Norco, Gabapentin, and several topical agents. It is further noted that the attending provider eventually suggested that the applicant stop Soma usage and suggested that the applicant begin Flexeril. Thus, it does not appear that the attending provider himself was intent on continuing Soma. It is further noted that the applicant did not clearly appear to have demonstrated any lasting benefit or functional improvement through prior usage of Soma. The fact that the applicant had failed to return to work, had unchanged work restrictions from visit to visit, and remained highly reliant on other medications and medical treatment, including injections, Norco, topical agents, Neurontin, etc., taken together, implied a lack of functional improvement despite prior usage of Soma. Therefore, the request remains non-certified, on Independent Medical Review.