

Case Number:	CM13-0024035		
Date Assigned:	11/20/2013	Date of Injury:	04/09/1996
Decision Date:	02/18/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/13/2013

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 and lower extremity reflex sympathetic dystrophy reportedly associated with an industrial injury of April 9, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; long and short acting opioid, muscles relaxants; spinal cord stimulator trial; apparent diagnosis of reflex sympathetic dystrophy and fibromyalgia; and extensive periods of time off of work. In a Utilization Review Report note of September 10, 2013, the claims administrator certified a request for Dilaudid and denied a request for Soma. The applicant's attorney later appealed. The applicant's case has been complicated by comorbid obesity, it was noted. In an October 15, 2013 progress note, the applicant presented with persistent low back pain radiating to the left leg. The applicant is apparently considering a spine surgery. Her pain ranges from 6 to 9/10. Her BMI is 40. She is given refills of soma, Dilaudid, potassium, and Catapres. The spinal cord stimulator implant was scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol, Soma generic Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Soma or carisoprodol is not recommended for chronic or long-term purposes, particularly when used in combination with opioids. In this case, the applicant is described as using an opioid analgesic, Dilaudid. Adding Soma or carisoprodol to the mix is not indicated. It is further noted that the applicant does not appear to have effected any lasting benefit or functional improvement through prior usage of soma. The applicant does not appear to have returned to work. The applicant remains highly reliant on various forms of medical treatment, including a spinal cord stimulator trial. For all of these reasons, the request for Soma is not certified.