

Case Number:	CM13-0026288		
Date Assigned:	11/22/2013	Date of Injury:	03/15/1998
Decision Date:	02/05/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/18/2013

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 patient has filed a claim for chronic low back pain, chronic neck pain, headaches, and failed back syndrome reportedly associated with an industrial injury of March 15, 1998. Thus far, the patient has been treated with the following: Analgesic medications; prior multilevel lumbar fusion surgery on March 30, 2012; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; sleep aid; and extensive periods of time off of work. In a utilization review report of August 27, 2013, the claims administrator certified a request for urine drug screen, partially certified Soma for weaning purposes, and denied a request for Lunesta. The patient's attorney later appealed. The patient apparently no showed for an appointment on September 23, 2013, the attending provider writes. An earlier note of September 2, 2013 is notable for comments that the patient reports persistent 6-7/10 pain. He is off of work, on total temporary disability. He is on Soma and Lunesta. The attending provider goes on to refill Soma, Lunesta, and Fioricet. Acupuncture is also sought while the applicant remains off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 and 63.

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when used in conjunction with other agents. In this case, it is further noted that the applicant has failed to effect any lasting benefit or functional improvement through prior usage of Soma. He remains off of work, on total temporary disability. He remains highly reliant on various medical treatments and diagnostic measures, including myelography, FCEs, ice and cold units, heating units, TENS units, etc. Therefore, the request is not certified both owing to the lack of functional improvement with prior usage of Soma and owing to the unfavorable MTUS recommendation.