MAXIMUS Federal Services

Case Number:	CM13-0026411		
Date Assigned:	12/11/2013	Date of Injury:	06/04/2007
Decision Date:	02/19/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

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 is a 53 year old female employee with a DOI of 6/4/2007. The injury is to the lower back. The patient currently has SI joint tenderness, decreased ROM, spasms, positive SLR and decreased sensation in the right lower leg; the patient has a 5/10 pain. The patient has had a total right knee replacement on non-industrial basis in 10/2013. She is s/p (status post) lumbar spine fusion at L4-5 and L5-S1 April 2013. Note on 9/30/13 states the patient had hypertonicity over the paraspinal muscles in the lumbar spine. The patient reported pain improvement from 6 to 3/10 with her medications (Soma).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription for Soma (Carisoprodol), 350mg, #120 DOS: 8/22/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Carisprodol (Soma) Page(s): 63-66.

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

Decision rationale: MTUS does not recommend Soma as it is potentially habit forming. In addition, MTUS does not recommend muscle relaxants for extended periods of time. CA MTUS does not recommend Soma on page 29 of chronic pain guidelines. It does not recommend muscle

relaxants for extended periods of time in the section for muscle relaxants. The physician did not express why this particular muscle relaxant is needed versus other medications. As MTUS does not recommend this medication, and it exceeds the duration for this class of medication, it is not necessary.