

Case Number:	CM13-0030246		
Date Assigned:	12/04/2013	Date of Injury:	10/26/1993
Decision Date:	02/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 63-year-old male who reported an injury on 10/26/1993. The mechanism of injury was not provided in the medical records. The patient's diagnosis is chronic back pain. The patient's symptoms are noted to include low back pain with muscle spasm, tenderness over the posterior iliac spine, and trigger points with radiating pain and a twitch response over the lumbar paraspinal muscles on the left side. His medications are noted to include Zanaflex 4 mg 1 to 2 at bedtime as needed, Soma 3 times a day as needed, oxycodone 15 mg 4 times a day as needed, OxyContin 60 mg 3 times a day, and Colace 250 mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Soma is not recommended as it is not indicated for long-term use. The patient has been noted to have been taking Soma for his chronic pain for a long period of time. The patient is also noted to be taking Zanaflex which is also a muscle relaxer. There has been a

high abuse rate noted for Soma due to its sedative and relaxing effects. As this medication is not supported by evidence based guidelines for long-term use, the request is not supported. As such, the request is non-certified.