

Case Number:	CM13-0033891		
Date Assigned:	03/19/2014	Date of Injury:	07/01/2002
Decision Date:	05/08/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, 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 expert 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 injured worker is a 58 year-old female who reported an injury on 07/01/2002. The progress report dated 09/12/2013 indicated the injured worker reported pain that was located in her lower back and left hip. The injured worker reported the left hip pain radiated down to her foot. The injured worker reported her pain to be constant, aching and sharp shooting. The injured worker stated her pain medication alleviated the pain. Injured worker reported her pain level without pain medication to be 10/10 and her pain level with medication is 8/10. The injured worker reported that she had been having a lot of trouble walking. The injured worker reported she would take Percocet 10/325 four times daily with functional improvement. The injured worker reported that she would take Soma 350 mg 3 times daily with improvement of spasms. Injured worker reported taking Celebrex 200 mg daily with improved inflammation. The injured worker reported with her pain medications she was able to prepare meals, drive to her doctors, walk, stand and sit for more time period. It was noted the injured worker had no side effects with the medications. The injured worker reported 30% to 40% pain relief. It was noted a urine drug screen was completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

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

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

Decision rationale: The California MTUS states that Soma is not recommended. This medication is not indicated for long term use. The records submitted for review indicated that the injured worker reported when she utilized Soma 350 mg she had improvement with spasms. However, the records submitted for review failed to include documentation of the duration the injured worker has been utilizing Soma. Soma is not recommended for long term use. Furthermore, the request as submitted failed to include a frequency and therefore, necessity cannot be determined. As such, the request for Soma 350 mg #90 is not supported. Therefore, the request is non-certified.