

Case Number:	CM13-0040439		
Date Assigned:	12/20/2013	Date of Injury:	04/21/2005
Decision Date:	03/11/2014	UR Denial Date:	10/13/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida, and Washington DC. 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 59 year old male with a date of injury of 4/21/05. As of 6/20/13, the patient complains of decreased anxiety, tension, irritability, depression, and crying episodes,, with decreased insomnia, impaired memory and concentration, same energy level, appetite and weight, low sociability, and no sexual activity. Relevant objective findings consisted of somewhat tense and dysphoric mood, with occasional smiling, focus, spontaneity and eye contact appropriate. anxious and dysphoric consistent mood and circumstances, no thought disorder. denied psychotic symptoms. and no impairment reality. Diagnosis includes adjustment disorder with mixed anxiety and depressed mood..The patient was diagnosed by [REDACTED] with post laminectomy syndrome/failed back surgery modification to Soma 350mg #30 certified, with any additional tablets non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for unknown prescription of Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants-Soma Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 11/14/2013):Carisoprodol (Soma®)

Decision rationale: Regarding prospective request for unknown prescription of Soma The injured worker does not have any evidence of acute myospasm or acute pain or break-through pain for which the use of Soma is indicated. Besides, Soma is not recommended for longer than a 2 to 3 week period. Therefore the request for Soma 350mg, #240 is not medically necessary