

Case Number:	CM13-0040614		
Date Assigned:	12/20/2013	Date of Injury:	08/22/2007
Decision Date:	06/02/2014	UR Denial Date:	10/02/2013
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 Neurology, has a subspecialty in Neuromuscular 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 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:

This is a 58 year old patient who sustained a work-related injury on August 22, 2007. Subsequently, he developed continuous muscle spasm. According to a note dated on September 20, 2013, the patient continued to have muscle spasms despite continuous use of Soma since March 2013. His physical examination demonstrated lumbar tenderness with reduced range of motion. The patient was treated with pain medications. The patient was diagnosed with degenerative disc disease. The provider requested authorization to use Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #90 WITH 1 REFILL: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Soma is not recommended for long term use. It is prescribed for muscle relaxation. Although the patient still has spasms, Soma was used since March 2013 without controlling the patient's symptoms.

Therefore, the request for Soma 350mg #90 with 1 refill is not medically necessary and appropriate.