

Case Number:	CM13-0042396		
Date Assigned:	12/27/2013	Date of Injury:	05/24/2004
Decision Date:	02/26/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back associated with an industrial injury sustained on May 24, 2004. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, muscle relaxants, lumbar laminectomy, a spinal cord stimulator implantation and subsequent removal, and permanent work restrictions. A progress note dated November 26, 2013 notes that the applicant is attending vocational rehabilitation school. He has ongoing complaints of low back pain for which he is using Neurontin, Nucynta, Motrin, and Soma. The applicant states that usage of medication is able to diminish his pain down to baseline level. The applicant is asked to continue with vocational rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 30 Soma 350mg: Upheld

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

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended, particularly when used in conjunction with other agents. In this case, the applicant is using numerous opioid and non-opioid agents. Adding Carisoprodol or Soma to the mix is not recommended or indicated. Accordingly, the request is not certified.