

Case Number:	CM13-0044647		
Date Assigned:	12/27/2013	Date of Injury:	06/24/2008
Decision Date:	04/30/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

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 Anesthesiology; has a subspecialty in Pain Management 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 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 55-year-old male who reported an injury on June 24, 2008. The mechanism of injury occurred when the injured worker was attempting to pick up boxes weighing 50 pounds and felt a pain in his mid back. The most recent clinical documentation dated December 02, 2013 reports that the injured worker demonstrated significant motor restlessness and a markedly abnormal gait with the assistance of a walker. It is noted that the injured worker's orthopedic condition did not respond to conservative care. He attempted to perform modified work duties for several months, which he claims made his back worse. In 2011, the injured worker underwent cervical spine surgery. The attempt to fuse the injured worker posteriorly failed, and a second surgery was performed on his cervical spine with an anterior approach, which he reported was more successful. The injured worker stated he was under the care of a pain medicine specialist who had been providing the patient with omeprazole, Lyrica, amitriptyline at night, methadone 10mg twice daily, Promolaxin, and Soma. The injured worker reported significant restlessness, nervousness, depression, and weight gain. He noted he had become increasingly dependent upon his wife for tasks of everyday life. It was noted that the injured worker would not be returning to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 67.

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

Decision rationale: The California MTUS Guidelines, stat that carisoprodol, or Soma, is not recommended. The medication is not indicated for longterm use. There is documentation in the medical records suggesting that the injured worker has been taking the requested medication for a significant amount of time, which is not recommended by California MTUS Guidelines. Soma is a muscle relaxant and there is no documentation in the medical record of the injured worker having any complaints of muscle spasms that would warrant the medical necessity for the use of a muscle relaxant at this time. As there is no documentation of any muscle spasms upon examination, or subjective complaints of musle spasms, and the patient has been taking the requested medication for a significant amount of time which is not recommended by the California MTUS Guidelines, the medical necessity for continued use cannot be determined at this time. Therefore, the request for a prescription of Soma 350mg #60 is non-certified.