

Case Number:	CM13-0052130		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2007
Decision Date:	04/03/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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, Washington DC, Florida, and Maryland. 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:

This is a 55 year old male with stated date of industrial injury of 4/9/2007. The nature and mechanism of injury is not known. His last evaluation was on 10/14/2013. He complained of lumbar spine pain which is unchanged. Pain with activity and prolonged positioning, He also complained of pain in the left groin and lower abdominal area. The patient's history is significant for L3-4 laminectomy and L4-5 discectomy in 2006; and L3-4 fusion, with the date not stated and inguinal hernia repair. . Undated x-ray, as per 01/11/10 visit note, showed evidence of a posterior spinal fusion with intervertebral graft at L3-4 with adequate callous formation. The patient previously underwent PT. As per 10/14/13 visit note, the patient complained of low back pain with associated left groin and lower abdominal pain On Examination the lumbar spine reveals palpable tenderness and spasm over the paravertebral muscles on the left side. Straight leg raise test elicits pain over the lumbar spine on the left. DIAGNOSIS Herniated disc, lumbar spine Treatment for Review: - Norco 10/325 # 60; Soma 350 # 60. Both were not certified

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Month Supply of Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic / Muscle relaxant Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) (Updated 3/31/2014), Antispasmodic / Muscle relaxant, Carisoprodol

Decision rationale: Carisoprodol (Soma®®, Soprodal 350&ç, Vanadom®®, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This patient has been taking this medication since 2010 November with no evidence of functional improvement or decrease in pain symptoms. Also there is no dosage or frequency of treatment with this medication provided with the current request. Therefore the request for Soma is not medically necessary.