

Case Number:	CM13-0054460		
Date Assigned:	12/30/2013	Date of Injury:	12/22/1994
Decision Date:	03/19/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 Family Practice and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 12/22/1994. The mechanism of injury was noted to be that the patient sustained an injury to his low back while lifting a deceased person. The most recent clinical documentation indicated that the patient has had numerous surgeries and a residual post-laminectomy syndrome. The patient was noted to be stable on the same medications for 10 years, staying well within the prescribed limits. The patient was noted to take Soma 350 mg two (2) pills three (3) times a day, Vicodin 5/500 four (4) times a day, Lyrica 150 mg three (3) times a day, and Celebrex 200 mg daily. It was indicated that the patient attempted to decrease the dose of Soma, but found it lost effectiveness, and the patient had considerably more pain and an inability to perform his personal and work duties. The request was made for a refill of Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Soma 350mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: The Chronic Pain Guidelines indicate that Soma (Carisoprodol) is not indicated for longer than a two to three (2 to 3) week period and that there should be documentation of objective functional benefit. The clinical documentation submitted for review failed to provide the objective functional benefit of the requested medication. It was indicated that the patient had considerably more pain and an inability to perform his personal and work duties if he decreased the Soma. However, as there is lack of documentation of objective functional improvement and an objective decrease in the visual analog scale (VAS) score with the medication, the request for pharmacy purchase of Soma 350mg #180 is not medically necessary.