

Case Number:	CM13-0063797		
Date Assigned:	12/30/2013	Date of Injury:	06/16/2003
Decision Date:	08/15/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 32-year-old male with date of injury of 06/16/2003. According to this report, the patient complains of persistent low back/leg pain and left leg weakness. He has ongoing anxiety. He continues to rely on a cane for balance. The TENS unit helps him with pain and spasms. The physical examination shows the patient is well developed, well nourished, pleasant but anxious. There is tightness and tenderness to palpation of the bilateral lumbosacral paraspinal muscles. The utilization review denied the request on 11/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #150: Upheld

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

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

Decision rationale: This patient presents with low back and leg pain. The treater is requested SOMA 350mg Quantity #150. The MTUS Guidelines page 21 on carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is

commonly prescribed, centrally acting skeletal muscle relaxant, whose primary active metabolite is meprobamate (a scheduled IV controlled substance). The records show that the patient has been taking Soma since 05/31/2013. The treater would like to wean the patient off of soma but continues to prescribe it's full dose. A more rapid taper would be appropriate given that Soma is not considered an opiate. The request is not medically necessary.