

Case Number:	CM13-0071054		
Date Assigned:	01/08/2014	Date of Injury:	11/01/2000
Decision Date:	06/05/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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 Sports Medicine 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 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 68 year old male who reported an injury on 01/28/2000 secondary to an unknown mechanism of injury. He was evaluated on 11/12/2013 and reported back pain and right leg pain of unknown severity. On physical examination, he was noted to have lumbar paraspinal muscle tenderness and muscle spasms as well as decreased sensation in an L5 dermatome distribution bilaterally. The injured worker was diagnosed with multilevel lumbar disc dessication and bulging, lumbar degenerative spondylolisthesis, and cervical spondylosis. Medications at that time were noted to include Norco and Soma. It was noted that he had used these medications since at least 04/16/2013. The injured worker reported that the medications helped him in "reducing his symptoms" and "performing activities of daily living." A request for authorization was submitted on 11/12/2013 for Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF SOMA 350MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants (For Pain), Page(s): 29, 65.

Decision rationale: The request for 1 prescription of Soma 350mg #60 is not medically necessary. Chronic Pain Medical Treatment Guidelines do not recommend Soma as it has been commonly associated with over sedation and substance abuse. These evidence-based guidelines also state that it is not indicated for use longer than 2 to 3 weeks. The injured worker is noted to have used Soma since at least 04/16/2013 which is excessive according to the guidelines. Furthermore, there is insufficient documented evidence to indicate quantifiable pain relief and detailed functional improvement with the injured worker's use of this medication. As such, the request for 1 prescription of Soma 350mg #60 is not medically necessary.