

Case Number:	CM14-0001275		
Date Assigned:	01/22/2014	Date of Injury:	02/17/2002
Decision Date:	04/15/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine & Rehabilitation 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 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:

According to the records made available for review, this is a 47-year-old female with a 2/17/02 date of injury. At the time (10/16/13) of request for authorization for Soma 350mg tid #90, there is documentation of subjective (chronic neck and low back pain) and objective (tenderness to palpation over the par cervical musculature with spasms and decreased range of motion secondary to pain; and tenderness to palpation over the par lumbar musculature) findings, current diagnoses (painful hardware of cervical spine, s/p cervical fusion, degenerative disc disease of the cervical spine, and radiculitis of the upper extremities), and treatment to date (Flexeril and opioids). There is no documentation of acute muscle spasms and the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of painful hardware of cervical spine, s/p cervical fusion, degenerative disc disease of the cervical spine, and radiculitis of the upper extremities. In addition, there is documentation of muscle spasms. However, given documentation of a 2/17/02 date of injury, there is no documentation of acute muscle spasms. In addition, given documentation of a request for Soma 350mg tid #90, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg tid #90 is not medically necessary.