

Case Number:	CM14-0003905		
Date Assigned:	04/25/2014	Date of Injury:	07/01/2010
Decision Date:	05/29/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine 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 submitted a claim for low back pain, with an industrial injury date of July 1, 2010. Treatment to date has included lumbar epidural steroid injection (December 2010), left L4-L5, L5-S1 transforaminal epidural steroid injection (January 2011), TENS, home exercise program, and medications which include Soma, Norco, Alprazolam, Sumatriptan. Medical records from 2013 to 2014 were reviewed the latest of which dated March 14, 2014 which revealed that the patient complains of back pain radiating from low back down to the right leg, and lower backache. Pain level has remained unchanged since last visit. He does not report any change in location of pain. He is not trying other therapies for pain relief. Activity level has remained the same; He is taking medications as prescribed and states that the medications are working well. No side effects reported. Patient is doing well. With the help of his medications he continues to work full time as a butcher as pain is more tolerable. On physical examination, the patient appears to be in mild pain. He has a right sided antalgic gait but doesn't use assistive devices. On examination of the lumbar spine, range of motion was restricted with flexion up to 75 degrees limited by pain and extension up to 25 degrees limited by pain, with normal right lateral bending, left lateral bending, lateral rotation to the left and lateral rotation to the right. On palpation of the paravertebral muscles, spasm, tenderness and tight muscle band were noted on both sides. Lumbar facet loading is positive on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG TAB, QUANTITY: 60, WITH ONE REFILL (TO BE TAKEN TWICE A DAY AS NEEDED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

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

Decision rationale: As stated on page 29 of the California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is a muscle relaxant and is not recommended as it is not indicated for long-term use as well as having an active metabolite which is a schedule IV controlled substance. In this case, Soma has been prescribed for low back pain. The use of this medication is not recommended in this patient. There was no discussion concerning the need for variance from the guidelines. Therefore the request for Soma 350mg tab, 1 bid prn #60, 1 refill is not medically necessary and appropriate.