

Case Number:	CM14-0101735		
Date Assigned:	09/16/2014	Date of Injury:	10/30/2001
Decision Date:	10/23/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	07/01/2014

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 Anesthesiology, has a subspecialty in Pain 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 49-year-old female who was reportedly injured on 10/30/2001. The injured worker is status post removal of hardware L3, L4 bilaterally on 04/01/2013. Last progress report dated 05/16/2014 indicated the injured worker complaining of low back pain radiating into the bilateral lower extremities. Back pain continues to be severe rating 7/10. Medications taken are listed as Avinza, Norco, Soma, Xanax and Zoloft. Antalgic gait noted. Range of motion is decreased and causes pain. A request was made for Soma 350mg #120 and was not certified on 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Carisoprodol Page(s): 65.

Decision rationale: The request for Soma 350 mg is not supported as medically necessary. California Medical Treatment Utilization Schedule does not support the prolonged use of Soma

to treat chronic pain syndromes. Soma as a high abuse potential and is therefore not recommended. As such Soma 350mg #120 is not medically necessary.