

Case Number:	CM14-0101791		
Date Assigned:	07/30/2014	Date of Injury:	06/30/2013
Decision Date:	10/02/2014	UR Denial Date:	06/09/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 62 year old gentleman was reportedly injured on June 30, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated may 26 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities on the left greater than the right side. Current medications include Norco. The physical examination demonstrated tenderness along the lumbar spine at L5 to S1 without any significant spasms, decreased lumbar spine range of motion and a positive straight leg raise test bilaterally at 60 degrees, decreased strength at the right psoas muscle, anterior tibialis, gastrocnemius, and extensor hallucis longus, and decreased sensation at the right L5 dermatome. Diagnostic imaging studies of the lumbar spine revealed early multilevel degenerative changes with a disc extrusion at L5 to S1 and neural foraminal stenosis at L3 to L4, L4 to L5, and L5 to S1. Previous treatment includes physiotherapy, facet joint injections, and oral medications. A request was made for Soma and was not certified in the preauthorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain), Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 29.

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short term treatment of acute exacerbations of chronic low back pain. Also, The California Medical Treatment Utilization Schedule (MTUS) specifically recommends against the use of soma and indicates that it is not recommended for long term use. The most recent progress note does not indicate that there are exacerbations of pain nor are there muscle spasms noted on physical examination. As such, this request for Soma is not medically necessary.