

Case Number:	CM14-0102304		
Date Assigned:	09/12/2014	Date of Injury:	06/14/2001
Decision Date:	10/21/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/02/2014

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 and 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 47 year old male was reportedly injured on 6/14/2001. The most recent progress note, dated 6/2/2014, indicated that there were ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine range of motion improved in the lumbar spine except for forward flexion due to pain, mild tenderness was throughout the lumbosacral spine paraspinals with paralumbar musculature spasm on the left, motor strength was stable throughout, sensory decreased in the posterior thighs, reflexes were equal and symmetrical all extremities. Diagnostic imaging studies mentioned an MRI of the lumbar spine, which revealed disc desiccation at L3 to L4 with facet arthropathy and neural foraminal narrowing, facet arthropathy was at L4 to L5, and there was L5 to S1 degenerative disc changes with facet arthropathy and neural foraminal narrowing and impinging on the L5 nerve root. There was no date of service on this diagnostic study nor was the official report available for review. Previous treatment included medications, transcutaneous electrical nerve stimulation (TENS) unit, epidural steroid injection, and conservative treatment. A request was made for Soma 350 milligrams quantity thirty, and was not certified in the preauthorization process on 6/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 MTUS specifically recommends against the use of Soma and indicates that it is not recommended for long term use. As such, this request for Soma is not medically necessary.