

Case Number:	CM14-0014597		
Date Assigned:	02/26/2014	Date of Injury:	04/19/2012
Decision Date:	07/21/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 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:

This is a 50-year-old male with a 4/19/12 date of injury. A 1/4/14 progress report describes low back pain and inability to lift. He is status post laminectomy discectomy L5-S1 in late November of 2013 without resolution of pain. The patient is scheduled to see the neurosurgeon again. Physical examination showed paravertebral tenderness and spasm. There is no neurologic deficit. The plan on this date was to follow-up with the neurosurgeon [REDACTED] and refill medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

Decision rationale: The MTUS chronic pain medical treatment guidelines do not recommend soma. There was a partially certified review authorizing 40 tablets to allow for weaning. The request tear is for soma 350 mg 90 tablets. The California MTUS states that SOMA is not recommended. Carisoprodol is metabolized to Meprobamate an anxiolytic that is a schedule IV

controlled substance. In this case, the formulation is not recommended for chronic use. The request is not medically necessary at this time.