

Case Number:	CM14-0117693		
Date Assigned:	08/06/2014	Date of Injury:	09/30/2008
Decision Date:	10/03/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/28/2014

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 Louisiana. 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:

██████████ note dated 04/16/2014 states the patient presented for severe exacerbation of the right leg pain radiating from the buttock to the foot with numbness and tingling. Her pain level is rated as 8/10. She has received a lumbar transforaminal epidural steroid injection on 10/21/2013 and has had more than 55-60% relief with this. The patient has been tried on conservative management modalities such as physical therapy, NSAIDS, muscle relaxants and chiropractic therapy, all of which have failed to relieve her pain. Objective findings on exam revealed tenderness to palpation from L3 to L5 levels bilaterally. She has pain in the lumbar spine which has worsens with extension, side bending, and rotation of the spine. Sciatic notch tenderness is negative bilaterally and straight leg raise is positive on the right at 45 degrees on elevation of the leg. Straight leg raise is positive on the right at 60 degrees elevation of the leg. The patient is diagnosed with right lumbar radiculopathy with neuroclaudication; herniated nucleus pulposus, lumbar spine; and failed conservative therapies for pain control. The patient was prescribed Soma and instructed to continue with home exercise program and recommended for another injection. Many of the notes are handwritten and illegible. Prior utilization review dated 06/30/2014 states the request for 1 prescription of Soma 350mg is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 27.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Soma is commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance) and is recommended for short-term use. There is no supporting documentation showing any sustainable improvement in pain or function and long term use of Soma is not recommended by the guidelines. This medication is not medically necessary at this time.