

Case Number:	CM14-0126330		
Date Assigned:	09/26/2014	Date of Injury:	12/02/1985
Decision Date:	11/06/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/08/2014

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 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 patient with a date of injury of 12/2/85. A utilization review determination dated 7/14/14 recommended non-certification for the requested soma stating that this medication is only indicated for short term use up to 2 weeks and is not recommended for long term use. A progress report dated 4/29/14 indicates the patient presented with complaints of a flare up of chronic low pain that occurred several weeks prior to the visit. The patient reported the pain was so severe she had to lie down for several hours a day. She reported the pain had improved at that time but she continued to take soma and Tylenol with codeine occasionally when the pain was too severe. The patient also complained that she was getting a little bit more radicular pain with radiation into both feet and some tingling in her feet as well. Objective findings indicate the patient had back pain with straight leg raises and tenderness was noted between L4 and the sacrum, remainder of the exam was normal. Diagnosis is Flare up of her chronic low back pain. Treatment plan recommends that the patient get back on her exercise program and continue Tylenol with codeine and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Soma (Carisoprodol), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Soma. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.