

Case Number:	CM14-0131820		
Date Assigned:	08/20/2014	Date of Injury:	10/10/2003
Decision Date:	09/26/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/18/2014

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 Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 61-year-old male who reported an injury on 10/10/2013 due to cumulative injuries. The injured worker had a history of back pain. The Diagnoses included acquired spondylolisthesis, lumbago, radiculopathy/lumbosacral neuritis, lumbar/lumbosacral disc degeneration, and idiopathic scoliosis. The past treatments included physical therapy and medications. The past surgical procedures included a posterior arthrodesis with interbody fusion to posterior lumbar interbody at L5-S1. The medications included Ativan 800 mg, hydrocodone/APAP 5/500 mg Percocet. The Diagnostics included an x-ray of the thoracolumbar spine that revealed thoracolumbar scoliosis with a lumbar curvature at 22.7 degrees, with a grade 1 lytic spondylolisthesis at the L5-S1. The objective findings dated 08/27/2014 to the lumbar region revealed the injured worker sat and stood markedly slow with minimum assist supervision, but stable with no concerns. The treatment plan included medication and physical therapy. The Request for Authorization dated 08/20/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol (Soma) Page(s): 30.

Decision rationale: The request for Soma 350mg # 90 is not medically necessary. The California MTUS Guidelines do not recommend. This medication is not indicated for long-term use. The request did not indicate the frequency. As such, the request is not medically necessary. The clinical note dated 08/27/2014 did not indicate any type of muscular spasms. The injured worker complained of a stabbing pain postoperatively. The clinical note did not indicate the injured worker's medications or that he had been taking Soma. The objective findings were vague. The request did not indicate the frequency. As such, the request is not medically necessary.