

Case Number:	CM14-0132765		
Date Assigned:	08/20/2014	Date of Injury:	01/27/2002
Decision Date:	09/24/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 61-year-old female with an injury date of 01/27/2002. Based on the 06/27/2014 progress report, the patient is 5 months S/P L2-L3 XLIF/PSF. She was doing better with respect to her lower back until she fell 3 days ago and landed on her right leg. She now has severe lower back pain and right leg pain. The 06/26/2014 report also indicates that the patient has an antalgic gait and her right straight leg raise causes back pain. The patient's diagnoses include the following: 1. Lumbar disk degeneration. 2. Hypertension, NOS. 3. Lumbago, pain lumbar spine. 4. Spinal stenosis - lumbar. 5. Tobacco use disorder. The utilization review determination being challenged is dated 07/11/2014. Treatment reports were provided from 11/22/2013 - 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29, 63-66.

Decision rationale: According to the 06/27/2014 progress report, the patient complains of severe low back pain and right leg pain. The request is for Soma 350 mg. MTUS does not support the use of Soma for long term. Review of the reports indicates that the patient has been using Soma on a long-term basis, as early as 11/22/2013 which is not in accordance to MTUS guidelines. Request for Soma is not medically necessary.