

Case Number:	CM14-0139042		
Date Assigned:	09/05/2014	Date of Injury:	10/30/1998
Decision Date:	10/17/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	08/27/2014

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 Nevada. 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 records, presented for review, indicate that this 53-year-old male was reportedly injured on 10/30/1998. The most recent progress note, dated 8/13/2014, indicated that there were ongoing complaints of low back pain that radiated into the right lower extremity. The physical examination demonstrated lumbar spine had mild tenderness to palpation over the lumbar spine with muscle spasms and decreased range of motion. Slight decrease in sensation was over the right calf. Reflexes and strength remained intact. No recent diagnostic studies are available for review. Previous treatment included lumbar fusion, medications, and conservative treatment. A request had been made for Soma 350 mg #3, and was not certified in the pre-authorization process on 8/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Soma 350mg #30: Upheld

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

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

Decision rationale: Soma (carisoprodol) is a muscle relaxing type medication whose active metabolite is Meprobamate, which is highly addictive. MTUS specifically recommends against the use of Soma due to its abuse potential. Based on the clinical documentation provided, the clinician fails to provide rationale for deviation from the Chronic Pain Treatment Guidelines. As such, this medication is not medically necessary.