

Case Number:	CM14-0141146		
Date Assigned:	09/10/2014	Date of Injury:	10/03/2008
Decision Date:	11/04/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 62 year old female with a work injury dated 10/3/08. The diagnoses include sprains/strain of the neck; cervical spondylosis; thoracic sprain/strain. Under consideration is a request for Soma 350mg #90 with 3 refills. There is a primary treating physician report dated 7/16/14 that states the patient continues to be symptomatic with essentially no change in her physical condition or pain complaints. Another request is made for pain management consultation and treatment including medication management. An epidural lumbosacral injection request is also submitted. The patient's psychiatric evaluation has been re-scheduled. No physical therapy is currently underway and no surgery has been approved. The patient continues to require narcotic and sedative medication on a daily basis for symptomatic relief. The patient continues in moderately severe distress and again alternate sitting and standing postures in less than 15 minutes in each position. She continues to have palpable spasm in the left cervical and suprascapular area and the left paraspinous lumbar areas. She continued to have radicular complaints to the left lower extremity. The patient continues to have ulnar wrist tenderness with pain in all range of motion to 10. The patient's lower leg stasis dermatitis currently has no open or draining lesions. Range of motion of the cervical and lumbosacral spine remains markedly restricted and painful. The patient will remain off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 with 3 refills: 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; Acupuncture Medical Treatment Guidelines Page(s): 63,65.

Decision rationale: Soma 350mg #90 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that this medication should not be used for more than a 2-3 weeks period and this is second line for acute exacerbations of chronic low back pain. Documentation does not indicate an acute exacerbation of low back pain. In light of these reasons, the request for Soma 350mg #90 with 3 refills not medically necessary.