

Case Number:	CM14-0151289		
Date Assigned:	09/19/2014	Date of Injury:	10/23/2005
Decision Date:	10/20/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/17/2014

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 Internal Medicine and is licensed to practice in New York. 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 52 year old female with a date of injury on 10/23/2005. She has chronic back pain and neck pain. She has been treated with Norco, Ultram, Xanax, Neurontin, Naproxen, Ambien and Soma. On 05/09/2014, the listed diagnoses include cervical strain with herniated disc, lumbar strain with herniated disc, anxiety, depression and insomnia. She had decreased range of motion of neck and lumbar spine. Straight leg raising was positive bilaterally and had paraspinal muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 with three (3) refills: Upheld

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

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, this medication is not recommended for long term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant

effects. The request is for long term treatment with Soma (Carisoprodol) 90 tablets with three refills. Based on the guidelines, this request is not medically necessary.