

Case Number:	CM14-0160850		
Date Assigned:	10/06/2014	Date of Injury:	11/17/2003
Decision Date:	12/10/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/30/2014

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 Neurology 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 Injured Worker (IW) is a 57 year old male with a reported date of injury of 11/17/2003. The mechanism of injury is not described in the report provided. The IW is status post lumbar fusion from the L4 to S1 levels. The IW is still reporting back pain rated as a nine to ten out of ten level. A physical exam from 6/16/14 is notable for midline and paravertebral tenderness of the lumbar spine. There is a reported decrease in sensation at the L4, L5 and S1 dermatomes on the left. The motor exam is significant for a decrease in power of the left lower extremity (rated as a 4 out of 5). An MRI of the lumbar spine from 12/21/13 is notable for extensive post-operative changes with degenerative disc disease, facet arthropathy, and retrolisthesis at L2-L3, and L4-5 and grade I anterolisthesis at L5-S1. Per the progress notes provided, The IW has been taking Norco and Soma for pain relief at least since the visit of 3/31/14. A Previous request for a prescription of Soma 350 mg #15 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #15: 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 (Soma) Page(s): 29.

Decision rationale: Per the recommendations contained in the Chronic Pain Medical Treatment Guidelines, the use of Soma is not recommended. It states this medication is not indicated for long term use. In this particular case, The IW has been using Soma for several months (he is reportedly using Soma since 3/31/14, as noted in the progress note of that date). This not an appropriate use of this medication and therefore is not medically necessary.