

Case Number:	CM14-0160958		
Date Assigned:	11/03/2014	Date of Injury:	09/28/1993
Decision Date:	12/08/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 58 year old female with an injury date of 09/28/93. The 07/31/14 progress report by [REDACTED] states that the patient presents with lower back pain radiating to the lower extremities. She ambulates with a cane. Examination of the lumbar spine reveals a mildly positive straight leg raise and there is tenderness in the posterior cervical and bilateral trapezia musculature. The patient's diagnoses include: History of lumbar radiculopathy Cervical stenosis with central canal stenosis Status post anterior cervical discectomy and fusion C5-6 Lateral recess stenosis L4-5 Psychological diagnosis Medications as of 07/03/13 are listed as Percocet, Soma, Mobic, Butrans, Lidoderm, Seroquel and Clonazepam. The utilization review being challenged is dated 09/17/14. Reports were provided from 05/08/13 to 07/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #60: Upheld

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

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

Decision rationale: The patient presents with lower back pain radiating to the lower extremities. The treater requests for Soma (Carisoprodol) 350mg, #60. The reports provided show that the patient has been using this medication since 07/03/13. MTUS Soma page 29 states, "Not recommended. This medication is not indicated for long term use." MTUS Muscle relaxants for pain page 63-66 state: that this formulation is recommended for no longer than 2-3 weeks. The treater does not discuss this medication. In this case, the patient has been using this medication far longer than the 2-3 weeks recommended per MTUS. The request is not medically necessary.