

Case Number:	CM14-0173760		
Date Assigned:	10/27/2014	Date of Injury:	03/10/2003
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/21/2014

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 & Rehabilitation and Pain Management, 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 70 year old male with an injury date of 03/10/03. Based on the 08/12/14 progress report provided by [REDACTED], the patient complains of low back pain with radiation into the left lower extremity. The pain is constant, sharp, aching, burning, throbbing, and shooting with intermittent flare-ups. His pain level at average 5 out 10 with medications and 10 out 10 without medications. His straight leg raise is negative. The current medications are Ambien, Pristiq, Methadone, Norco, and Soma. His diagnoses include the following: 1. ICD: Deg Disc Disease, Lumb 2. Visit Med Complexity [REDACTED] is requesting Soma 350mg #56. The utilization review determination being challenged is dated 09/29/14. [REDACTED] is the requesting provider, and he provided treatment reports from 04/23/14-10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg#56: Upheld

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

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

Decision rationale: This patient presents with low back pain with radiation into the left lower extremity. The request is for Soma 350mg #56. According to 04/23/14 to 10/15/14 reports, the patient has been taking this medication. MTUS page 29 states that this medication is not indicated for long term use. MTUS pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. The treater does not indicate that this medication is intended for short term use. The reports provided further show a similar medication being used by the patient for over a month. MTUS guidelines only support short-term use of this medication. Therefore, the request for Soma 350 MG #56 is not medically necessary and appropriate.