MAXIMUS Federal Services

| Case Number: | CM14-0181488 | | |
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| Date Assigned: | 11/06/2014 | Date of Injury: | 11/18/1999 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 10/31/2014 |

## 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; has a subspecialty in Gastroenterology and is licensed to practice in Florida. 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 54-year-old female. Her date of injury was 11/18/1999. Her mechanism of injury was not included in the medical record. Her diagnoses were lumbosacral neuritis or radiculitis; postlaminectomy syndrome of the lumbar region. Her past treatments included a caudal epidural steroid injection on 12/02/2013. She is status post intrathecal pump placement, date unknown. Her diagnostic studies included a urine drug screen; the last one recorded in the notes is 01/20/2014; the results were not in the medical record. She had no surgical history listed in the medical record. On 10/02/2014, she had complaints of lumbar pain and spasm. Her physical exam findings of 10/02/2014 were straight leg raise positive at 45 degrees; pain level 4/10 with medications and 9/10 without medications. Her medications included Prialt, Neurontin, Norco, Voltaren, and Soma. Her treatment plan included refill of the intrathecal pump, continue with medications. The rationale for the request was that the injured worker used the medication for relief of muscle spasms and spasticity. The Request for Authorization form was signed and dated on 10/02/2014 and in the medical record.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg, QTY: 21:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The request for Soma 350 mg QTY: 21 is not medically necessary. The injured worker is diagnosed with postlaminectomy syndrome and lumbar spine radiculitis. The California MTUS Guidelines state that Soma is not recommended. This medication is not indicated for long term use. There is no documentation in the medical record to indicate how long the injured worker has been on Soma or if this is a new prescription. There are no indications of her amount of relief from muscle spasms after taking this medication; and the complete dosing information, including route, time and dose, is not included in the request. The documentation provided does not support the request. Therefore, the request is not medically necessary.