MAXIMUS Federal Services

Case Number:	CM14-0024236		
Date Assigned:	06/11/2014	Date of Injury:	10/13/1994
Decision Date:	11/17/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/26/2014

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 and is licensed to practice in Alabama. 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 61 year old female who sustained an injury to her back on 10/14/1999. Prior medication history included Morphine, Soma 350 mg, Elavil 100 mg, Restoril 10 mg, Gabapentin 10 mg, Plavix 75 mg, and Metoprolol 50 mg. The patient has received a cortisone injection without relief on 04/18/2014. She has treated conservatively with physical therapy and chiropractic treatment. Progress report dated 05/05/2014 states the patient complained of low back pain affecting his right lower extremity. She reported limitation with walking and standing for prolonged periods of time. She has also complained of pain in her shoulders. The pain is rated as 5-7/10 with medications and 10/10 without medications. On exam, the patient is noted to have muscle spasm of the cervical spine and lumbar spine. She is diagnosed with multilevel cervical degenerative disease, left upper extremity radiculopathy and moderate chronic L5 radiculopathy. She was recommended to continue with her medication, Soma 350 mg. Prior utilization review dated 02/17/2014 states the request for Soma 350 mg is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Carisoprodol Page(s): 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/pro/carisoprodol-and-aspirin.html

Decision rationale: The above MTUS guidelines for carisoprodol (soma) states "neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, it is noted that the patient has been on Soma on note from 3/17/14 as well as 5/5/14, which is longer than the recommended duration as per guidelines above, without extenuating circumstances documented to further indicate continuation. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. Any medical order must be considered by the treating physician in accordance with the appropriate standard of care to avoid any adverse consequences which may occur with changes in the treatment regimen. As such, the request is considered not medically necessary.