

Case Number:	CM14-0031083		
Date Assigned:	06/20/2014	Date of Injury:	12/10/2000
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/12/2014

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 Neurological Surgery, 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 is a 50-year-old male who was reportedly injured on December 10, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 28, 2014, indicated that there were ongoing complaints of low back pain with radiation to the lower extremities. The physical examination demonstrated tenderness along the lumbosacral spine with spasm, decreased lumbar spine range of motion and a positive straight leg raise test. Diagnostic imaging studies objectified decreased disc spacing at L5-S1 with a Grade II anterolisthesis. Treatment plan included plans for lumbar spine surgery. A request had been made for Soma and was not certified in the pre-authorization process on February 11, 2014.

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 Soma (carisoprodol). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, updated 01/07/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Muscle relaxants, Carisoprodol Page(s): 65 of 127.

Decision rationale: The muscle relaxant Soma is not recommended for longer than two to three week period. Soma is metabolized to a schedule IV controlled substance. There is no mention in the medical record of efficacy achieved specifically from Soma. Considering this, the request for Soma is not medically necessary and appropriate.