

Case Number:	CM14-0035355		
Date Assigned:	06/23/2014	Date of Injury:	08/29/2002
Decision Date:	07/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/21/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 51-year-old male with an August 29, 2002 date of injury. At the time of request for authorization for 1 prescription of Soma 350mg #60 (on March 6, 2014), there is documentation of subjective (chronic low back pain radiating to the legs) and objective (decreased lumbar range of motion with muscle spasms), current diagnoses (chronic compensatory muscle spasm, chronic back pain, lumbar spondylosis, and facet arthrosis), and treatment to date (ongoing therapy with Soma since at least September 12, 2012 with improvement in pain levels). There is no documentation of acute exacerbations of chronic pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 29. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of chronic compensatory muscle spasm, chronic back pain, lumbar spondylosis, and facet arthrosis. In addition, there is documentation of chronic low back. However, given documentation of a diagnosis of chronic compensatory muscle spasm, there is no documentation of acute exacerbations of chronic pain. In addition, given documentation of ongoing treatment with Soma since at least September 12, 2012, there is no documentation of short-term (less than two weeks) treatment. Furthermore, despite documentation of decrease in pain levels with Soma, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Soma. The request for one prescription of Soma 350mg, sixty count, is not medically necessary or appropriate.