

Case Number:	CM14-0036983		
Date Assigned:	06/25/2014	Date of Injury:	09/04/1992
Decision Date:	08/13/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/27/2014

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 Nevada. 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 67 year-old female who was reportedly injured on September 4, 1992. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 24, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a limited range of motion of lumbar spine, a slight sensory loss in the left lower extremity is noted and the center to palpation in the paravertebral musketeer the lumbar region the spine. Diagnostic imaging studies objectified degenerative changes and a spondylolisthesis at L4-L5. Previous treatment includes multiple narcotic medications. A request had been made for the medications soma and Nucynta and was not certified in the pre-authorization process on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

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

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this medication is not recommended. Furthermore this is not indicated for chronic long-term use. It is noted that there was a temporary flares of muscle spasm; however one does not address a temporary muscle spasm with a protracted prescription. Furthermore, when noting the side effects and the other parameters noted, this is not medically indicated. Therefore, the request for Soma 350mg #30 is not medically necessary and appropriate.