

Case Number:	CM14-0037666		
Date Assigned:	06/25/2014	Date of Injury:	08/04/2011
Decision Date:	07/28/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/28/2014

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 Family Practice 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 claimant is a 32-year-old female sustained a work injury on 8/4/11 involving the low back. She has a diagnosis of internal disc derangement due to an annular fissure and lower extremity sensory and motor radiculopathy. She had been on Percocet, Ibuprofen and Gabapentin for pain relief. She had been on Soma intermittently since August 2013. A progress note on 1/20/14 indicated the claimant had continued severe back pain while on Ibuprofen, Gabapentin and Percocet. She was taking Soma at nighttime. A urine drug screen on 1/23/14 was negative for Soma (Carsiprodolol). The analgesics were continued.

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 Antispasmodic Page(s): 65.

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

Decision rationale: In this case, the claimant had used Soma for over 6 months. There was no documentation of improvement in pain or function while on Soma. In addition, the urine drug

screen indicated inconsistent use with findings of a negative test. As a result, continued Soma use is not medically necessary.