

Case Number:	CM14-0039201		
Date Assigned:	06/27/2014	Date of Injury:	12/14/1998
Decision Date:	09/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/03/2014

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 Emergency Medicine, 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:

Injured worker has a reported date of injury of 12/14/1998; there was no mechanism of injury provided for review. Patient has a diagnosis of Degenerative Lumbar Disc Disease, Chronic Back Pain, Myalgias, Chronic Pain Syndrome and Thoracic/Lumbar Radiculitis. Medical records were reviewed, but the last report was not available until 3/7/14. Patient complains of low back pain with pain registering at 7/10 and is also worsened by cold weather, but improved by rest, stretching and medication. Medication reportedly decreases pain and improves activity with no reported side effects. Objective exam reveals normal gait, tenderness to L paraspinal lumbosacral region, worsened with extension, normal flexion and negative straight leg raise. Neurological exam is reportedly normal. No advance imaging or electrodiagnostic reports were provided for review. Medications include Opana, Baclofen, Lidoderm, Norco and Lexapro. Patient has been treated with medications, muscle relaxants, various opioids, topical agents, antidepressants and rhizotomy with little improvement; there is no reported surgery. Independent Medical Review is for Soma 350mg #60 and prior UR on 3/14/14 recommended non-certification. It modified prescription to #30 for weaning. Opana ER was also requested but it was not reviewed since it was already denied in prior UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, QTY: 60: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. There are no documented muscle spasms or actual objective improvement on this medication. Report states that it "improves" pain and function but that is not considered objective as per MTUS criteria. Use of Carisoprodol, a potentially addictive and not-recommended medication, is not medically necessary.