

Case Number:	CM14-0042868		
Date Assigned:	06/30/2014	Date of Injury:	03/11/2007
Decision Date:	09/30/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/09/2014

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 Pain Medicine and is licensed to practice in California and Washington. 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 48-year-old male who reported injury on 03/11/2007. Mechanism of injury was not submitted in documentation for review. The injured worker has a diagnoses of backache unspecified, lumbar displacement, post-traumatic stress disorder, sciatica, opioid induced hyperalgesia and other acquired deformity of the back or spine. Previous treatments includes surgery, physical therapy and medication therapy. Medications include Nucynta, Suboxone, Voltaren topical gel, Vyvanse, Flomax, Klonopin, Klor-Con, Lexapro, Lidoderm patches and Soma. An MRI of the lumbar spine was obtained on 09/25/2007. The MRI revealed that at L4 to L5 there was a very large Schmorl's node in the inferior plate of L4 and a smaller 1 in the opposing superior plate of L5. On 01/10/2014 the injured worker complained of back pain. Physical examination revealed that the injured worker rated his pain at a 4/10 to 6/10. The injured worker complained of mild nausea, moderate constipation, mild foggy mentation, moderate sweating, moderate fatigue and moderate insomnia. Examination of the lower back revealed pain and muscle spasm. The submitted examination did not indicate any type of range of motion, motor strength or sensory deficits. The treatment plan is for the injured worker to continue the use of Soma. The provider feels that the Soma helps manage muscle spasms. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pain Procedure Summary.

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

Decision rationale: The request for Soma 350mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Soma. The medication is not indicated for long term or short term use. Soma is now scheduled in several states but not on a federal level. It has been suggested that the main affect is due to generalized sedation in treatment of anxiety. The submitted report does not indicate that the injured worker had a diagnosis of anxiety. The submitted documentation showed that the injured worker had been on Soma since at least 04/15/2013. Given the above, the injured worker is not within the MTUS guidelines. As such, the request for Soma 350mg #90 is not medically necessary.