

Case Number:	CM14-0044417		
Date Assigned:	06/20/2014	Date of Injury:	12/14/2000
Decision Date:	08/11/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	03/19/2014

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 records presented for review indicate that this 48-year-old female was reportedly injured on 12/14/2000. The mechanism of injury was noted to be a fall. The most recent progress note, dated 5/15/2014, indicates that there were ongoing complaints of low back and lower leg pain. The physical examination demonstrated the patient was positive for thoracic spine tenderness to palpation and positive for lumbar spine tenderness to palpation; the exam further revealed positive bilateral straight leg raise, decreased muscle strength of the left lower extremity, and decreased sensation of the left lower extremity at L4-L5 and S1 dermatome. No recent diagnostic studies were available for review. Previous treatment included surgery, physical therapy, acupuncture, medications, and conservative treatment. A request was made for Soma 350mg #30, with two refills, and was not certified in the pre-authorization process on 3/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Soma 350mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician did not provide rationale for deviation from the guidelines. As such, with the very specific recommendation of the CAMTUS against the use of this medication, this request is deemed not medically necessary.