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| Case Number: | CM14-0045378 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 06/21/2003 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 03/19/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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 Occupational 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:

The patient is a 52-year-old male who has submitted a claim for chronic low back pain associated with an industrial injury date of June 21, 2003. The medical records from 2013 to 2014 were reviewed. The patient complained of lower back pain radiating down to the groin and both lower extremities. A physical examination of the lumbar spine revealed surgical scars. There was limited range of motion. Upon palpation, the paravertebral muscles were positive for spasm and tenderness. Tenderness is also noted over the sacroiliac spine. The patient's treatment to date has included oral analgesics, opioid medications, surgery, physical therapy and spinal cord stimulator implantation. A utilization review from March 19, 2014 modified the request for Soma 350mg #30 to a quantity of #15 to allow for weaning. The medication is not necessary because according to the California MTUS/ACOEM Guidelines, Soma in particular is not recommended for use for longer than 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 29; 65.

Decision rationale: As stated on pages 29 and 65 of California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. In this case, Soma intake was noted as far back as May 2013. The guideline does not support long term use. Moreover, there was no objective evidence of overall pain improvement and functional benefits derived from its use. The medical necessity has not been established. Therefore, the request for Soma 350mg #30 is not medically necessary.