MAXIMUS Federal Services

Case Number:	CM14-0046167		
Date Assigned:	07/02/2014	Date of Injury:	04/07/2006
Decision Date:	09/09/2014	UR Denial Date:	03/12/2014
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 Family Medicine and is licensed to practice in Ohio. 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:

There appears to be two or more dates of injury with regard to the injured worker. The first day is April 7, 2006 whereby there's a motor vehicle accident. It appears the patient had knee and back pain subsequently with the knee pain having been the predominant symptom. He subsequently underwent arthroscopic knee surgery. There was also an injury date of July 30, 201. Again it appears a motor vehicle accident was the inciting trauma. His main complaint since that accident has been of low back pain radiating to the lower extremities. An MRI scan of the low back from May 25 of 2011, which ironically predates the second date of injury, appears to show some minor disc bulging and herniation from L2 through S1. There is also foraminal stenosis at the L5-S1 level, with the right side being worse than the left. The injured worker has been maintained on Gabapentin, Tramadol, and Hydrocodone for an unknown period of time. The physical exam has revealed tenderness in the musculature of the lower lumbar back, tenderness over the lumbar spine, reduced range of motion, and positive straight leg raise testing bilaterally. The injured worker also has a past medical history of hypertension, gout, anemia, gastritis, and possibly alcohol misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic pain>, <Carisoprodol (Soma) topic>.

Decision rationale: Soma is an FDA approved medication for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. Its use for chronic pain is not recommended. Soma has also been known to augment or alter the effects of other drugs including alcohol and Hydrocodone, a combination that is often abused. Largely because of the chronicity of the injured worker's back discomfort the use of Soma cannot be considered medically necessary.