MAXIMUS Federal Services

Case Number:	CM14-0051338		
Date Assigned:	07/07/2014	Date of Injury:	06/16/2003
Decision Date:	08/21/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 32 year old male injured on 06/16/03 when he was lifting boxes resulting in low back pain. Current diagnoses included lumbosacral disc injury, lumbosacral radiculopathy, chronic pain syndrome with depression, major depression with psychotic features, and panic disorder without agoraphobia. Previous treatments included intensive psychotherapy and medication management. Clinical note dated 09/27/13 indicated the injured worker reported persistent low back and leg pain with associated left leg weakness. It was documented anxiety with continued psychotherapy and psychiatric medication management was ongoing. It was noted he continued to rely on a cane for balance with ambulation and transcutaneous electrical nerve stimulation (TENS) unit use. Physical examination revealed tightness and tenderness to palpation of the bilateral lumbosacral paraspinal muscles. Inconsistent urine drug screens were noted in the documents provided. Medications included Nucynta 100 milligrams, Soma 350 milligrams, Daypro 600 milligrams, Lyrica 75 milligrams one to two at bedtime, Buspar, Atarax, Cymbalta, Abilify, and Valium. The request for Soma 350 milligrams #150 one refill was non-certified on 04/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 mg. # 150 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is Food and Drug Administration (FDA) approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, Soma 350 milligrams #150 one refill cannot be recommended as medically necessary.