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| Case Number: | CM14-0062566 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 01/13/2003 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 04/01/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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:

The injured worker is a 58-year-old male who reported an injury on 01/13/2003. The mechanism of injury was not provided. On 08/06/2014, the injured worker presented with back pain radiating from the low back down to the left leg, and right knee pain. Upon examination of the lumbar spine, there was loss of normal lordosis with straightening of the lumbar spine and a healed surgical scar. The range of motion was restricted with flexion, limited to 45 degrees, and extension limited to 10 degrees due to pain. There was hypertonicity and tenderness to palpation with spasm and tight muscle band noted on the left side of the paravertebral muscles. The spinous process noted tenderness on the L5 and over the surgical scar. There was positive facet loading on the left side and a positive straight leg raise on the left side. There was tenderness noted over the sacroiliac spine on the left lumbar paraspinals. There was crepitus noted to the right knee with active movement and tenderness to palpation noted over the lateral joint line and medial joint line. There was 1+ effusion in the right knee joint. The diagnoses were postlumbar laminectomy syndrome, lumbar radiculopathy, spinal/lumbar degenerative disc disease, knee pain, pain in the joint of the lower leg, sacroiliac and foot pain. Current medications included Soma and hydrocodone/acetaminophen. There was a previous MRI of the lumbar spine and prior surgeries noted. The provider recommended Soma 350 mg #60, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Soma 350mg #60: Upheld

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

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

Decision rationale: The request for 1 Prescription of Soma 350mg #60 is not medically necessary. The California MTUS state that Soma is not recommended. The medication is not indicated for long term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. As the guidelines do not recommend Soma, the medication would not be indicated. There is lack of exceptional factors provided in the documentation submitted to support approving outside of guideline recommendations. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.