

Case Number:	CM14-0064320		
Date Assigned:	07/11/2014	Date of Injury:	03/20/1996
Decision Date:	09/16/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/07/2014

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 74 year-old individual was reportedly injured on 3/20/1996. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 3/28/2014. Indicates that there are ongoing complaints of low back pain that radiates into the bilateral lower extremities. The physical examination demonstrated lumbar spine: positive tenderness to palpation in the paravertebral area L4-S-1 bilaterally, and bilateral buttocks. Range of motion is limited with pain. No reason diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for Soma 350 mg #90, and was not certified in the pre-authorization process on 4/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

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

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. California Medical Treatment Utilization

Schedule (MTUS) specifically recommends against the use of Soma due to its abuse potential. Based on the clinical documentation provided, the clinician fails to provide rationale for deviation from the chronic pain treatment guidelines. As such, this medication is not considered medically necessary.