

Case Number:	CM14-0068630		
Date Assigned:	07/14/2014	Date of Injury:	10/07/1997
Decision Date:	10/07/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/13/2014

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 & Rehabilitation and is licensed to practice in Louisiana. 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 65 year old male who was injured on 10/07/1997. The mechanism of injury was not documented. Progress report dated 12/12/2013 states the patient presented with complaints of ongoing pain to his low back radiating down his lower extremities. He rates his pain as a 6-7/10 but with the use of medications, it is reduced to about 40-50%. Objective findings on exam revealed flexion is normal; extension 30 degrees; bilateral rotation 40 degrees and bilateral tilt are 40 degrees. There is pain to palpation from L4 down to S1, mid spine and left and right paraspinal musculature, right worse than left. Strength is 3/5 to flexion and extension and EHL function. The patient is diagnosed with degenerative disk disease of the lumbar spine with intermittent L4-5 and L5-S1 radiculopathy and chronic low back pain. He has been recommended for Soma for muscle relaxation and spasm #20 per month. Prior utilization review dated 04/23/2014 states the request for Soma 350mg #180, 3 month supply is denied as it is not indicated for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #180, 3 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 63.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Soma is commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance) and is recommended for a short-term use. There is no supporting documentation showing any sustainable improvement in pain or function and long term use of Soma is not recommended therefore, this medication is not medically necessary.