

Case Number:	CM14-0069535		
Date Assigned:	07/14/2014	Date of Injury:	04/02/2001
Decision Date:	09/25/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/14/2014

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 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 57 year old female who had a work related injury on 04/02/01. The mechanism of injury is not described. The most recent medical record submitted for review is dated 07/09/14. The injured worker presents with complaints of back and leg pain. The pain is in the lumbosacral region with radiation into both legs. The pain is mild to moderate. Lifting triggers the event. Aggravating factors are lifting, bending, and walking. The injured worker states that the medicines do help to reduce the pain including the Carisoprodol at the low dose she takes so she should be allowed to have it. Diagnoses osteoporosis, status post fusion L4 to S1. Pain in the low back. Sciatica. GERD. Current medications Norco 10/325mg Q 4 hours as needed for pain. Soma 350mg 1 QHS #30. Valium 5mg 1 tab 30 minutes before procedure. Physical examination palpable paraspinal muscles. Trigger points at L5. Sciatic notch on the right with iliac crest pain. Range of motion is 25% reduced. Sensory and motor exam are both abnormal. Deep tendon reflexes are normal. Prior utilization review on 04/25/14 was modified to initiate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 3500mg #30 with 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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 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 patient is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. Prior utilization review on 04/25/14 was modified to initiate weaning. Therefore, medical necessity has not been established.