

Case Number:	CM14-0075852		
Date Assigned:	07/16/2014	Date of Injury:	05/25/2009
Decision Date:	11/12/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 Internal 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 (IW) is a 43-year-old man who injured his low back and thoracic areas when he stood up from a kneeling position while stocking May 25, 2009. The IW underwent a right L4-L5 medial branch facet joint rhizotomy and neurolysis on March 22, 2014. The primary treating physician last saw the IW on April 5, 2014 noting 6/10 non-radiating low back pain with excellent relief from the rhizotomy. Gait is slightly antalgic to the right; heel to toe walks performed with difficulty bilaterally due to low back pain. Lumbar spine reveals diffuse tenderness to palpation in the paraspinal muscles, minimal facet tenderness noted, and lumbar range of motion is extension to 25 degrees. Current diagnoses include: Lumbar musculoligamentous strain, lumbar disc disease, lumbar facet arthropathy, obesity, and sleep disorder. Treatment plan includes continuing current medications of Norco, Soma, and Motrin; home exercises; and engaging in a ten-week medical weight loss program to relieve some pressure on his low back and mid thoracic spine. The IW's current weight is 330 pounds, and he is 6 feet tall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350, Vanadom, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Soma

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, SOMA (Carisoprodol) is not medically necessary. The guidelines state Carisoprodol is not recommended. Carisoprodol is metabolized to Meprobamate that is the schedule IV controlled substance. The main effect of the drug is generalized sedation as well as pigment of anxiety. In this case, the injured worker complains of low back and thoracic level pain. He underwent right L4 - L5 medial branch facet joint rhizotomy and neurolysis on March 22, 2014. Physical examination shows diffuse tenderness over the paraspinal muscles with lumbar range of motion decreased. The guidelines state Carisoprodol is not recommended. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines Soma is not medically necessary.