

Case Number:	CM14-0083248		
Date Assigned:	07/21/2014	Date of Injury:	03/19/2004
Decision Date:	09/17/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/04/2014

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 Texas. 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 53 year old male injured on 03/19/04 due to undisclosed mechanism of injury. Diagnoses included mechanical low back pain and lumbar myofascial pain. Clinical note dated 06/26/14 indicated the injured worker presented complaining of low back pain associated with stiffness and occasional spasm. The injured worker reported pain occasionally resulted in loss of sleep. The injured worker noted some functional improvement in pain relief with medication. The injured worker indicated occasional acute exacerbation during the previous week. Objective findings included slight tenderness in the lower lumbar paravertebral musculature, decreased range of motion, sitting straight leg raise negative bilaterally, and strength in lower extremities globally intact. Treatment plan included prescriptions for tramadol, Soma, and topical compound for acute exacerbations. The initial request for Soma 350mg #30, two refills was not medically necessary on 05/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG # 30, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma, muscle relaxants Page(s): 63, 105. Decision based on Non-MTUS Citation Food & Drug Administration (FDA).

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 Food and Drug Administration-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 injured worker would be prescribed the medication for chronic pain, and long-term care exceeding the recommended treatment window. As such, the request for Soma 350mg #30, 2 refills cannot be medically necessary at this time.