

Case Number:	CM14-0084875		
Date Assigned:	09/10/2014	Date of Injury:	07/08/2010
Decision Date:	12/16/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/06/2014

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 Occupational 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 applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar microdiskectomy; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of acupuncture over the course of the claim; anxiolytic medications; and the apparently imposition of permanent work restrictions imposed by a Medical-legal evaluator. In a Utilization Review Report dated May 23, 2014, the claims administrator partially approved request for Soma, apparently for weaning or tapering purpose. The applicant's attorney subsequently appealed. In an April 9, 2014 progress note, the applicant reported ongoing complaints of low back pain. It was acknowledged that the applicant was no longer working and had last worked in October 2010. The attending provider sought authorization for a weight loss program. The applicant's weight, however, was not reported. The applicant was using Valium two to three tablets a day and Soma two to three tablets a day. The applicant was given refills of both Soma and Valium. Permanent work restrictions imposed by a Medical-legal evaluator were renewed. The applicant was described as using both Soma and Valium via an earlier note dated January 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is not recommended for longer than two to three weeks. In this case, the applicant has seemingly been using Soma for what appears to be a minimum of several months. Such usage, however, runs counter to MTUS principles and parameters. Therefore, the request was not medically necessary.