

Case Number:	CM14-0099458		
Date Assigned:	07/28/2014	Date of Injury:	05/15/2009
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/27/2014

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 Management and is licensed to practice in Tennessee. 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 47-year-old male who has submitted a claim for lumbar radiculopathy, lumbar disc herniation, and lumbar spondylosis with facet hypertrophy, situational depression, hypertension, and headaches; associated with an industrial injury date of 05/15/2009. Medical records from 2010 to 2014 were reviewed and showed that patient complained of increasing severe low back and right lower extremity pain, graded 6/10, and increased muscle spasms. The patient also complains of severe migraine headaches, 2-3 episodes per week. Physical examination showed that patient had a slightly antalgic gait. Tenderness and spasms were noted over the bilateral paraspinal muscles. Range of motion (ROM) of the lumbar spine was limited. Straight leg raise test was positive on the right. Weakness and hyporeflexia was noted over the right lower extremity. Hyperesthesia was noted in the right L5 dermatome. Treatment to date has included medications, epidural steroid injections, and L4-L5 microdiscectomy and foraminotomy (09/21/2011) and L4-L5 discectomy with anterior and posterior fusion (06/11/2012).

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol; Muscle relaxants Page(s): 29; 63.

Decision rationale: The patient is a 47-year-old male who has submitted a claim for lumbar radiculopathy, lumbar disc herniation, and lumbar spondylosis with facet hypertrophy, situational depression, hypertension, and headaches; associated with an industrial injury date of 05/15/2009. Medical records from 2010 to 2014 were reviewed and showed that patient complained of increasing severe low back and right lower extremity pain, graded 6/10, and increased muscle spasms. The patient also complains of severe migraine headaches, 2-3 episodes per week. Physical examination showed that patient had a slightly antalgic gait. Tenderness and spasms were noted over the bilateral paraspinal muscles. Range of motion (ROM) of the lumbar spine was limited. Straight leg raise test was positive on the right. Weakness and hyporeflexia was noted over the right lower extremity. Hyperesthesia was noted in the right L5 dermatome. Treatment to date has included medications, epidural steroid injections, and L4-L5 microdiscectomy and foraminotomy (09/21/2011) and L4-L5 discectomy with anterior and posterior fusion (06/11/2012).