

Case Number:	CM14-0112288		
Date Assigned:	08/01/2014	Date of Injury:	04/11/2006
Decision Date:	03/03/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old female sustained an industrial related injury on 04/11/2006 of unknown mechanism. The initial results of the injury and diagnoses were not provided. Per the progress report (PR) (06/11/2014), the injured worker's subjective complaints included continued right lower back pain radiating into the buttocks. Objective findings on this report included mild loss of lumbar lordosis and tenderness in the lower right lumbosacral area and right sciatic notch. Active voluntary range of motion included 45 in forward flexion and 10 in extension with complaints of back pain. The motor and sensory exam revealed no abnormalities. Deep tendon reflexes were 1-2+ bilateral infrapatellar and 0-1+ bilateral Achilles and symmetrical. On a previous exam (05/28/2014), the injured worker reported decreased pain in the left lower extremity, but continued to experience right lower extremity pain and bilateral leg cramps at night. Treatment to date has included a left-sided lumbar epidural steroid injection (05/09/2014), sacroiliac steroid injection (03/25/2014), trigger point injection (01/21/2014), and medications. There were no diagnostic x-rays, MRIs or CT scans discussed. Current diagnosis include displacement of disc without myelopathy. Soma was requested but a rationale was not provided. Treatments in place around the time Soma was requested included medications. The injured worker reported pain was decreased in the left lower extremity and unchanged in the right lower extremity. Functional deficits and activities of daily living were unchanged. Work status was unchanged as the injured worker remained permanent and stationary. Dependency on medical care was increased based on the request for new medications and therapy. On 07/01/2014, Utilization Review non-certified a request for Soma which was requested on 06/18/2014. Soma

was non-certified based on the lack of clinical evidence of muscle spasm and the non-recommended long term use of this drug. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) section Weaning of medications section Page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means.