

Case Number:	CM14-0194364		
Date Assigned:	12/02/2014	Date of Injury:	03/17/2010
Decision Date:	01/21/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/20/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 46 year old male with the injury date of 03/17/10. Per treating physician's report 09/23/14, the patient has low back pain, radiating his legs bilaterally. The patient rates average pain as 10/10 without medication, 8/10 with medication. There is tenderness over L5-S1. Lumbar flexion is 40 degrees and lateral bending is 15 degrees bilaterally. Medications "keep the patient functional, allowing for increased mobility and tolerance of ADL's and home exercise." The patient is taking Norco, Soma, Tramadol HCL, Medrol, Trazodone, Lyrica and Benazepril. The patient will return to work on 10/21/14. The list of diagnoses is:1) Displacement, Lumbar disc w/o myelopathy2) Degenerated disc disease, lumbar3) Stenosis, Lumbar spine4) Lumbar radiculopathy5) Facet arthropathy, LumbarPer progress report 08/26/14, the patient has same pain in his low back, rating as 2-10/10, depending on the intake of medications. The patient continues physical therapy and home exercise program. The urine drug screen was conducted on 05/01/2014. Per progress report 05/01/2014, the patient reports increased pain in his mid and low back. The MRI from 04/16/13 reveals multilevel degenerative change of the lumbar spine of indeterminate age, most notable for mild spinal stenosis at L3-4. The utilization review determination being challenged is dated on 10/15/14. Treatment reports were provided from 05/01/14 to 09/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Soma 350mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient presents with pain and weakness in his low back and both of his legs. The request is for Soma350mg #90. MTUS guidelines page 29 do not recommend Soma (Carisoprodol). This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level). MTUS page 63-66 state, "Carisoprodol (Soma, Soprodal 350 , Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period."In this case, the patient has been utilizing this medication since at least 05/01/14. The medication appears to have been used for a long-term. The treating physician does not explain that this is to be used for short-term. There is no discussion as to how it is working. Given that the MTUS guidelines only support a short-term use of this medication (2-3 weeks), the request IS NOT medically necessary.