

Case Number:	CM14-0198852		
Date Assigned:	12/09/2014	Date of Injury:	04/22/2013
Decision Date:	01/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/26/2014

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:

Injured worker (IW) sustained an industrial low back injury on 04/22/13. 05/12/14 orthopedic consultation note stated IW underwent surgery one year earlier, which helped quite a bit. However, back pain remained and radiating right leg pain was coming back slowly. Lumbar CT showed right L5 pedicle screw was lateral. There was good interbody fusion. Facet joints were not fused at L4-5. There was some effusion in the lateral gutter on the left side and minimal to none on the right. Screw head looked a bit loose on the right side. Impression was likely loose hardware. 06/16/14 records review per primary treating physician (PTP) stated that original surgeon had declined to perform further surgery. A urine drug screen (UDS) was positive for opiate and IW was compliant with Norco (hydrocodone/APAP) and tizanidine. 07/11/14 office note stated IW continued to take Vicodin (hydrocodone/APAP) for pain. Current complaints included progressive cervical, thoracic, and lumbar spine pain. She denied neurological deficit. She was prescribed Voltaren. 07/24/18 note stated IW was last seen 07/16/14. AME had been scheduled for 09/30/14. 09/08/14 office note stated IW was last seen on 06/20/14. 10/15/14 note stated that IW had been seen on 10/01/14. 08/20/14 UDS was consistent. She was receiving acupuncture. She was referred for possible ESI. UDS collected 10/01/14 was noted to show tramadol and carisoprodol/meprobamate consistent with prescription therapy and hydrocodone which was inconsistent with prescription therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #35, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29 OF 127.

Decision rationale: MTUS does not recommend Soma for treatment of chronic pain, noting risk for intoxication and abuse associated with this medication and lack of indication for long-term use. The submitted documentation does not include a rationale for use of Carisoprodol or information concerning response to this medication. Medical necessity is not established for the requested Soma.