

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0203237 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 03/08/2011 |
| Decision Date: | 02/06/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 12/04/2014 |

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 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 33-year old male with date of injury 03/8/11. The treating physician report dated 11/18/14 (105) indicates that the patient presents with pain affecting his low back and lower extremities. The physical examination findings reveal pain to palpation of the lumbar spine. Palpable spasms are noted. Decreased range of motion. Prior treatment history includes myofascial release, discectomy with laminotomy at L3-4, L4-5, and L5-S1, therapeutic exercise, epidural injection, physical therapy, electric stimulation and medication. The current diagnoses are: -Status post discectomy/laminotomy with decompression performed at L3-4, L4-5 and L5-S1 with continued low back pain-Left-sided radiculopathy, L3-4, L4-5, L5-S1-Disc extrusion, left paracentrally at L3-4, L4-5 and L5-S1, causing left-sided radiculopathy/radiculitis- Degenerative disc disease lumbar spine-Worsening back pain and lower extremity radiculitis at L4-5 and L5-S1The utilization review report dated 12/1/14 denied the request for Soma 30mg quantity #120 for with 2 refills based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 30mg quantity #120 for with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain). Page(s): 63-66, 29.

Decision rationale: The patient presents with pain affecting his low back and lower extremities. The current request is for Soma 30mg quantity #120 for with 2 refills. The treating physician report dated 11/18/14 (105) indicates that the patient presents with pain affecting his low back and lower extremities. Soma (Carisoprodol) is a muscle relaxer that works by blocking pain sensations between the nerves and the brain. MTUS guidelines page 29 state for Carisoprodol (Soma), "Not recommended. This medication is not indicated for long-term use." MTUS guidelines pages 63-66 state, "Muscle relaxants (for pain) Carisoprodol (Soma), neither of these formulations is recommended for longer than a 2 to 3 week period." The records indicate this patient has been taking this medication since at least 12/16/13 (31); therefore, the request is not medically necessary.