

Case Number:	CM14-0207382		
Date Assigned:	12/19/2014	Date of Injury:	08/28/2011
Decision Date:	02/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 55 year old male with date of injury 8/20/2011. The mechanism of injury is stated as a fall. The patient has complained of low back pain since the date of injury. He has been treated with physical therapy, TENS unit, epidural steroid injection and medications. There are no radiographic reports included for review. Objective: painful range of motion of the lumbar spine; tenderness to palpation of the bilateral paraspinous musculature. Diagnoses: lumbar spine prain. Treatment plan and request: Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Carisoprodol (Soma) 1-2 tabs qhs (dispensed 10/22/14) #20: Upheld

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

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

Decision rationale: This 55 year old male has complained of low back pain since date of injury 8/20/11. He has been treated with physical therapy, TENS unit, epidural steroid injection and medications. The current request is for Soma. It is unclear from the available medical records how long the patient has been treated with this medication. Per the MTUS guideline cited above,

Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines Carisoprodol is not indicated as medically necessary.