

Case Number:	CM15-0002731		
Date Assigned:	01/13/2015	Date of Injury:	05/19/2004
Decision Date:	03/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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: Family Practice

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 injured worker is a 62-year-old female with a reported date of injury of 05/19/2004. The mechanism of injury was not included. Her diagnoses included lumbar spondylolisthesis, with intermittent radiculitis. Her past treatments were not included. Diagnostic studies were not included. Her surgical history was not included. The progress report dated 11/13/2014 documents the injured worker has had continued complaints of low back pain and stiffness, exacerbated with prolonged sitting, locking, and standing. On physical exam, she was noted to have tenderness in the lower lumbar paravertebral musculature. Forward flexion was recorded at 45 degrees, extension at 10 degrees, and lateral bending at 30 degrees. Sitting straight leg raise exam was negative bilaterally. Her medications included Soma 350 mg and a topical compounded cream. Her treatment plan included continuing pain medication. The rationale for the request was not included. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30 with 2 refills (1 at bedtime as needed): Upheld

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

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

Decision rationale: The request for Soma 350 mg #30 with 2 refills is not medically necessary. The California MTUS Guidelines state that Soma is not recommended. This medication is not indicated for long term use. There is a lack of documentation regarding muscle spasms. The injured worker has been prescribed this medication longer than the recommended amount for use. This medication is recommended for weaning, however. There is no indication to provide refills of any medication without interval evaluation of its efficacy. The request for Soma 350 mg #30 with 2 refills is not medically necessary.