

Case Number:	CM15-0005149		
Date Assigned:	01/16/2015	Date of Injury:	04/07/2014
Decision Date:	04/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/09/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 54 year old female, who sustained an industrial injury on April 7, 2014. The injured worker has reported right low back pain with numbness and paresthesia to the right lateral calf and right lateral foot. The diagnoses have included right lumbar five radiculopathy with right lower extremity weakness, lumbar disc protrusion, lumbar stenosis, lumbar degenerative disc disease, lumbar facet joint pain, right sacroilitis and lumbar sprain/strain. Treatment to date has included pain medication, epidural steroid injection, MRI of the lumbar spine, neurological testing, a home exercise program and physical therapy. Current documentation dated December 11, 2014 notes that the injured worker was evaluated for her right low back pain with numbness and paresthesia to the right lateral calf and right lateral foot. She reported significant improvement after receiving a lumbar epidural steroid injection on October 17, 2014. She also reports acute bilateral lower extremity spasm that is waking her at night and making a home exercise program more difficult. Physical examination revealed lumbar tenderness to palpation and a restricted lumbar range of motion. Straight leg raise was positive on the right. Lumbar spasm was positive. On December 24, 2014 Utilization Review modified a request for Soma 350 mg # 30 to Soma 350 mg # 15 for weaning purposes. The MTUS, ACOEM Guidelines, were cited. On January 9, 2015, the injured worker submitted an application for IMR for review of Soma 350 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Soma/Carisoprodol states that this medication is not indicated for long-term use. The guidelines note concern regarding potential for carisoprodol abuse in order to augment or alter the effects of other drugs. The quantity prescribed in this case suggests use longer than recommended by the treatment guidelines. Overall, the medical records do not provide an alternate rationale for this medication in contrast to the treatment guidelines. Overall, this request is not medically necessary.