

Case Number:	CM15-0009846		
Date Assigned:	01/27/2015	Date of Injury:	09/19/2013
Decision Date:	03/20/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/16/2015

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: 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:

The injured worker is a 54 year old male, who sustained an industrial injury on September 19, 2013. He has reported an injury to the cervical and lumbar spine. The diagnoses have included cervical and lumbar disc protrusions with left C6 and left S1 radiculopathies. Treatment to date has included medications and work restrictions. Currently, the injured worker complains of increased pain and spasms of the neck and low back following an EMG/Nerve conduction study. He continued to have significant pain and spasms in the neck and low back with radiation of pain down his left upper extremity and down his left lower extremity. Inspection of the cervical spine reveals no gross deformity. There is a spasm about the left side of the neck and point tenderness to palpation over the lumbar spine. On January 7, 2015 Utilization Review modified a request for Soma, noting the treatment was modified to treat the flare up. The California Medical Treatment Utilization Schedule was cited. On January 16, 2015, the injured worker submitted an application for IMR for review of Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 30mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 09/19/13 and presents with significant pain and spasms in the neck and low back with radiation of pain down his left upper extremity and down his left lower extremity. The request is for SOMA 30 MG #60 for spasm. The RFA provided is dated 12/15/14 and the patient is currently off of work. It appears that this is the initial request for Soma. MTUS Guidelines pages 63-66, "Carisoprodol (Soma): "Neither of these formulations is recommended for longer than a 2 to 3-week period." This has been noted for sedative and relaxant effects. There is a spasm about the left side of the neck and point tenderness to palpation over the lumbar spine. It appears that this is the initial request for this medication. MTUS recommends the requested Soma for no more than 2-3 weeks. In this case, the treater has requested for 60 tablets of Soma on 11/19/14. There is no indication if this medication is for a short-term use, as indicated by MTUS guidelines. Therefore, the requested Soma IS NOT medically necessary.