

Case Number:	CM15-0164693		
Date Assigned:	09/02/2015	Date of Injury:	11/18/2013
Decision Date:	10/05/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 44 year old male who reported an industrial injury on 11-18-2013. His diagnoses, and or impression, were noted to include lumbar sprain-strain with right lower extremity radiculopathy and spondylosis; and erectile dysfunction, with multi-level disc protrusion; and sprain-strain of the right knee. No current imaging studies were noted. His treatments were noted to include: an initial functional capacity evaluation report 1-20-2015; diagnostic sudoscan-sudomotor assessment 2-18-2015; lumbar epidural steroid injection therapy; physical therapy; aquatic therapy; acupuncture treatments; a home exercise program; medication management with toxicology screenings; and rest from work. The progress notes of 3-18-2015 reported a return visit for review of magnetic resonance imaging scans; a flare-up in his symptoms; and severe and constant low back pain that radiated to the lower extremities and was associated with numbness and tingling. Objective findings were noted to include: elevated blood pressure; tenderness along the bilateral lumbar spine with spasms along the bilateral lumbar spine and para-vertebral muscles; positive bilateral straight leg raise; an antalgic gait; and abnormal findings in the magnetic resonance imaging studies of the lumbar spine done on 12-24-2014. The physician's requested treatments were noted to include Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma Tab 350 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Carisoprodol (Soma).

Decision rationale: Soma Tab 350 MG #60 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long-term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication long term. The request for Soma 350mg is not medically necessary.