

Case Number:	CM15-0186256		
Date Assigned:	09/30/2015	Date of Injury:	08/24/2005
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/22/2015

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 58 year old female, who sustained an industrial injury on 8-24-05. The injured worker was diagnosed as having right sided sciatica at L5-S1, increasing low back pain, new left sided sacroiliac joint pain, inguinal pain, and status post back surgery. Treatment to date has included epidural steroid injections, home exercise, and medication including Soma and Percocet. Physical examination findings on 8-8-15 included right lower extremity weakness and reduced lumbar spine range of motion. Bilateral straight leg raise tests were positive. On 7-11-15 and 8-8-15 pain was rated as 7 of 10. The injured worker had been taking Soma since April 2015. On 8-8-15, the injured worker complained of low back pain and lower extremity pain. On 9-9-15 the treating physician requested authorization for Soma 350mg #90. On 9-17-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The patient presents with low back pain. The request is for Soma 350MG #90. The request for authorization is dated 09/09/15. The patient is status post back surgery. Physical examination of the lumbar spine reveals progressive L4-5 tenderness to palpation, with healed scar, no paralumbar tenderness to palpation, decreased range of motion. Patient's treatments include physical therapy and ESI. Patient is approved for stimulator to be implanted. Patient's medications include Wellbutrin, Losartan, Metoprolol, Isosorbide, Crestor, Soma, Percocet, Zolpidem, and Norco. Per progress report dated 08/20/15, the patient is retired. MTUS, Muscle Relaxants Section, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. Patient has been prescribed Soma since at least 04/05/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Soma #90 would exceed what is recommended by MTUS, and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.