

Case Number:	CM15-0208891		
Date Assigned:	10/27/2015	Date of Injury:	05/31/2006
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/23/2015

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: New York, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency 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:

The injured worker is a 52 year old male, who sustained an industrial injury on 5-31-2006. The medical records indicate that the injured worker is undergoing treatment for lumbar spondylosis, failed lumbar back surgery, lumbar disc herniation, lumbar degenerative disc disease, and chronic pain syndrome. According to the progress report dated 9-29-2015, the injured worker presented with complaints of low back and bilateral leg pain. On a subjective pain scale, he rates his pain 9-10 out of 10, 30-40% reduced with medication. The physical examination of the lumbar spine reveals restricted and painful range of motion, decreased sensation to light touch and pinprick in the bilateral L5 and S1 distribution, and positive straight leg raise test bilaterally. The current medications are Soma (since at least 4-16-2015), Ibuprofen, Lyrica, and topical analgesic. Previous diagnostic studies include x-rays and MRI studies. Treatments to date include medication management, physical therapy, epidural steroid injections, spinal cord stimulator trial, and surgical intervention. Work status is described as not working. The original utilization review (10-9-2015) had non-certified a request for Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma Tab 350mg 1 Tab By Mouth Every 8 Hours #90 (30 Day Supply): Upheld

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

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

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not recommend Soma. A previous review recommended weaning to discontinue Soma. The request for Soma 350 mg #90 is not medically appropriate and necessary.