

Case Number:	CM15-0034817		
Date Assigned:	03/03/2015	Date of Injury:	12/11/2003
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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 57 year old female, who sustained an industrial injury on 12/11/2003. The diagnoses have included lumbago. Treatment to date has included acupuncture, medications, walking aqua therapy and work restriction. Currently, the IW complains of lower back pain and sciatica to right leg. Objective findings included right ankle dorsiflexion 4+/5 and left 5/5. On 1/28/2015, Utilization Review non-certified a request for Soma 30mg #60 noting that the medication requested is recommended for short term treatment only per the guidelines. The MTUS was cited. On 2/24/2015, the injured worker submitted an application for IMR for review of Soma 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 30mg 1 by mouth twice a day as needed for spasms #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

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

Decision rationale: The patient presents with low back pain radiating to the right leg into the dorsum and sole of the foot. The request is for Soma 30 mg 1 by mouth twice a day as needed for spasms # 60. Patient's treatment includes home exercise program. Patient is permanent and stationary. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, 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." In this case, only two hand-written reports are available which are not legible and so not include pertaining information. Treater has not provided a reason for the request. Patient presents with low back pain radiating into the right leg and into the dorsum and sole of the right foot. The request is for Soma # 60. MTUS only recommends the use of this drug for 2 to 3 weeks. The prescribed 60 tablets does not imply short-term use. Therefore, the request IS NOT medically necessary.