

Case Number:	CM15-0035905		
Date Assigned:	03/04/2015	Date of Injury:	10/14/2008
Decision Date:	04/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/25/2015

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 51 year old female, who sustained an industrial injury on 10/15/08. The injured worker has complaints of persistent low back pain, stiffness and soreness and right hip pain. She has minimal tenderness to palpation at the right and left mid to distal lumbar segments. The diagnoses have included right hip contusion; lumbar degenerative disc disease and lumbar radiculitis. Treatment to date has included physical therapy; home exercise program; ice as needed and medications. According to the utilization review performed on 2/17/15, the requested Roxicodone 30mg, QTY: 120 has been certified. The requested Soma 350mg, QTY: 60 has been non-certified. The utilization review noted that the California Medical Treatment Utilization Schedule (MTUS) recommend Soma for short-term usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64, 65.

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

Decision rationale: The 51 year old patient complains of pain in lower back, buttocks and groin, rated at 7/10, as per progress report dated 02/09/15. The request is for SOMA 350 mg, QTY:60. There is no RFA for this case, and the patient's date of injury is 10/14/08. The patient has been diagnosed with lumbar radiculitis and lumbar degenerative disc disease. The patient is status post lumbar fusion, as per progress report dated 12/11/14. As per progress report dated 08/21/14, the patient has been diagnosed with hip arthralgia, hip osteoarthritis, hip bursitis, lumbar myofascial sprain/strain, and low back syndrome. The patient is off work, as per progress report dated 10/16/14. 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, Soma is first noted in progress report dated 02/26/14, and the patient has been using it consistently at least since then. In progress report dated 06/17/14, the patient states that "Soma allows her to sleep at night with less muscle spasm." In progress report dated 05/20/14, the treater states that "Without sufficient sleep, the patient is fatigued and has increased pain level the following day." MTUS, however, supports the use of muscle relaxants such as Soma for only a 2 to 3 week period. Hence, the request of Soma # 60 IS NOT medically necessary.