MAXIMUS Federal Services

Case Number:	CM15-0038219		
Date Assigned:	03/06/2015	Date of Injury:	07/13/2007
Decision Date:	04/17/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/27/2015

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 45-year-old female who sustained an industrial injury on 7/13/07. The injured worker reported symptoms in the back, buttock and lower extremities. The diagnoses included left pyriformis muscle syndrome, central disc protrusion at L5-S1 touching her S1 nerve root, S1 radiculopathy, status post fluoroscopically guided bilateral L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation, lumbar facet joint arthropathy, right paracentral disc protrusion, central disc protrusion and migraine headaches. Treatments to date include oral pain medication, epidural steroid injection, and activity modification. In a progress note dated 1/28/15 the treating provider reports the injured worker was with "bilateral low back pain radiating to left buttock, to left posterior thigh, to left calf and left foot."

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab PO every 7 hours PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Muscle relaxants Page(s): 29, 63-66.

Decision rationale: Per the 01/28/15 report, the patient presents with bilateral low back pain radiating to the left buttock, left posterior thigh, left calf, and left foot. The current request is for SOMA 350mg 1 TAB PO EVERY 7 HOURS PRN. The RFA is not included. Reviewed medical records from the 02/09/15 utilization review list multiple RFAs dated from 05/20/14 to 02/06/15. As of 01/28/15, the patient's work status is Full Time Modified Duty. MTUS Soma page 29 states, "Not recommended. This medication is not indicated for long term use." MTUS Muscle relaxants for pain pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. The treating physician states that Soma decreases the patient's spasms and improves ADL's by 75%. While this mediation may help the patient, guidelines recommend use for no longer than 2-3 weeks, and the reports provided for review show the patient was prescribed this medication from 09/23/14 to 01/28/15. It is unclear what period this request encompasses, but the treater states the appeal of denial is dated 11/06/14, which is more than 2-3 weeks after the reports first show the medication was prescribed. There is no evidence the medication was intended for short-term use. The request IS NOT medically necessary.