

Case Number:	CM15-0052642		
Date Assigned:	03/26/2015	Date of Injury:	05/07/2011
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54-year-old female who sustained a work related injury May 7, 2011. While bending down to pick up a box of coins and lift them overhead, she developed low back pain. According to a primary treating physician's progress report, dated February 4, 2015, the injured worker presented for a one month follow-up appointment. Her back pain is controlled with Norco, 4/10, and without medication, 10/10. She continues to have back pain and left leg pain with muscle cramps with pain radiating to both lower extremities, and difficulty sleeping. Diagnoses is documented as degeneration of lumbar or lumbosacral intervertebral; spinal stenosis of lumbar region; displacement of intervertebral disc. Treatment plan included adjustments to medications, MRI of the lumbar spine, and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg po q daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The injured worker sustained a work related injury on May 7, 2011. The medical records provided indicate the diagnosis of degeneration of lumbar or lumbosacral intervertebral; spinal stenosis of lumbar region; displacement of intervertebral disc. Treatment plan included adjustments to medications. The medical records provided for review do not indicate a medical necessity for Soma 350mg po q daily #30. Soma (Carisprodol) is a muscle relaxant. The MTUS non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. The records indicate the injured worker has been taking various types of muscle relaxants for a long time. Also, the MTUS recommended dosing of Soma (Carisoprodol) is 250 mg-350 mg four times a day for less than 2 to 3 week period; but the request is for Soma 350mg po daily for 30 days.