

Case Number:	CM15-0055845		
Date Assigned:	04/01/2015	Date of Injury:	06/20/2013
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38 year old female sustained an industrial injury on 6/20/13. She subsequently reported low back and left hip pain. Diagnoses include lumbar disc bulge and left hip sprain. Diagnostic testing has included x-rays and MRIs. Treatments to date have included surgery, injections, acupuncture and prescription pain medications. The injured worker continues to experience low back and left hip pain and anxiety. A retrospective request for Soma 350mg #120 (DOS: 10/6/14) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Soma 350mg #120 (DOS: 10/6/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The patient is a 38 year old female with an injury on 06/20/2013. She had back and left hip pain. MTUS, Chronic Pain guidelines note that Soma is not recommended. It is

a muscle relaxant and long term treatment with muscle relaxants (she was prescribed 120 tablets) is not consistent with MTUS guidelines. Specifically, Soma is metabolized to Meprobamate which is a controlled substance and is addicting so Soma is not recommended, is not appropriate and is not medically necessary.