

Case Number:	CM15-0060249		
Date Assigned:	04/06/2015	Date of Injury:	02/17/2000
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 57 year old, male who sustained a work related injury on 2/17/00. The diagnoses have included myofascial pain syndrome, lumbar spondylosis, lumbar radiculopathy and status post lumbar laminectomy. Treatments have included an implanted spinal cord stimulator, lumbar trigger point injections, CT scans, physical therapy, chiropractic treatments, acupuncture, heat, rest and epidural steroid injections. In the PR-2 dated 2/12/15, the injured worker complains of low back pain. He complains of lower leg/feet pain with intermittent numbness and tingling. He has severe muscle spasms. He rates his pain an 8/10. He states symptoms get worse with sitting, standing and bending. He states his pain gets better with rest, heat and medications. The treatment plan is to refill Oxymorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol).

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is Not recommended. This medication is not indicated for long-term use. MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for Soma 350 mg #90 with 1 refill is in excess of the guidelines. As such, the request for Soma 350 mg #90 with 1 refill is not medically necessary.