

Case Number:	CM15-0061025		
Date Assigned:	04/07/2015	Date of Injury:	08/01/2009
Decision Date:	05/07/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/31/2015

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 60-year-old male, who sustained an industrial injury on 6/1/2009. He reported multiple injuries from working with saws. The injured worker was diagnosed as having lumbar degenerative disc disease, post-laminectomy syndrome, sacro-iliac sprain/strain, ankle/foot pain, leg pain, and left wrist arthritis and shoulder pain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 2/26/2015, the injured worker complains of worsening left knee pain, sciatica, a left wrist flare of pain and neuropathic pain. The treating physician is requesting Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker sustained a work related injury on 6/1/2009. The medical records provided indicate the diagnosis of lumbar degenerative disc disease, post-laminectomy syndrome, sacro-iliac sprain/strain, ankle/foot pain, leg pain, left wrist arthritis and shoulder pain. Treatments have included the use of medications. The medical records provided for review do not indicate a medical necessity for Soma 350mg #30. The MTUS recommends the use of 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. Carisoprodol (Soma) is recommended to be used for no longer than a 2 to 3 week period, but the records indicate the injured worker has been using it since 2013.