MAXIMUS Federal Services

Case Number:	CM15-0089357		
Date Assigned:	05/13/2015	Date of Injury:	11/21/2008
Decision Date:	06/16/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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 54-year-old male, who sustained an industrial/work injury on 11/21/08. He reported initial complaints of back pain. The injured worker was diagnosed as having cervical disc displacement, cervical stenosis, s/p lumbar fusion, lumbar disc displacement, lumbar facet hypertrophy, lumbar stenosis, and bilateral hip pain. Treatment to date has included medication, diagnostics, and prior surgery. MRI results were reported on 7/24/14 that indicated prior hardware removal, solid fusion, with moderate to severe bilateral neural foraminal narrowing with facet hypertrophy. Currently, the injured worker complains of neck and back pain. Per the primary physician's progress report (PR-2) on 2/26/15, examination revealed restricted cervical and lumbar range of motion, positive right straight leg raise, and painful range of motion to the bilateral hips. Grip strength testing causes pain in the left wrist. Current plan of care included medication. The requested treatments include Soma for cervical and lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma milligrams, 1 tablet orally, twice per day, #120 for cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

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 #120 is in excess of the guidelines. As such, the request for Soma milligrams, 1 tablet orally, twice per day, #120 for cervical and lumbar is not medically necessary.