MAXIMUS Federal Services

Case Number:	CM15-0089399		
Date Assigned:	05/13/2015	Date of Injury:	04/18/2008
Decision Date:	06/17/2015	UR Denial Date:	04/21/2015
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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on 04/18/2008. The injured worker is currently disabled and not working. The injured worker is currently diagnosed as having lumbar with radiculopathy, status post anterior-posterior fusion, severe left radiculopathy, coccydynia secondary to surgery, bilateral sacroiliac joint arthropathy, bilateral facet joint arthropathy, reactive sleep disturbance, reactive depression, cognitive impairment, and gastrointestinal pathology secondary to anterior fusion. Treatment and diagnostics to date has included back surgery and medications. In a progress note dated 03/26/2015, the injured worker presented with complaints of chronic lumbar spine pain with significant acute muscle spasms. Objective findings include decreased light touch, thermal, and vibratory sensation over the right leg, diminished deep tendon reflexes in the ankle on the left side, and motor weakness in the left ankle, quadriceps, and hamstrings. The treating physician reported requesting authorization for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol (Soma) is not medically necessary.