

Case Number:	CM14-0120983		
Date Assigned:	09/22/2014	Date of Injury:	07/22/2009
Decision Date:	10/21/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Medical records reflect the claimant is a 61 years old male who sustained a work injury on 7-22-09. Office visit on 6-17-14 notes the claimant was seen for refill of medications. He has low back pain and radiculopathy. The claimant was continued on medications which include MsContin, Norco, Soma and Ambien.

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 Muscle Relaxant.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that Soma is not recommended. This medication is not indicated for long-term use. There is an absence in documentation noting muscle spasms or extenuating circumstances to support exceeding current treatment guidelines. Therefore, the medical necessity of this request is not established.