

Case Number:	CM14-0140253		
Date Assigned:	09/10/2014	Date of Injury:	02/14/2002
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/29/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 67 year old male with a reported date of injury on 02/14/2002. The mechanism of injury occurred due to a fall. The diagnoses included right knee arthritis and status post right wrist reconstruction. The past treatments included pain medication, physical therapy, and surgery. There was no relevant diagnostic studies provided for review. The surgical history included right wrist reconstruction. The subjective complaints on 07/10/2014 included lower back pain radiating down to her leg. The physical examination revealed tenderness to the lower lumbar spine and decreased range of motion. The medications included Norco, Soma, and Celebrex. The treatment plan was to continue and refill medications. A request was received for Soma 350mg; one qhs Quantity: 30 with 2 refills. The rationale was to decrease pain. The request for authorization form was dated 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg; one qhs Quantity: 30 with 2 refills: 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) Page(s): 29.

Decision rationale: The California MTUS Guidelines state Soma is not recommended. This medication is not indicated for long-term use. The patient has chronic lower back pain. The medication is not recommended by the guidelines as such the request is not supported. As such, the request for Soma 350mg; once a day before sleep, quantity 30 with two refills is not medically necessary and appropriate.