

Case Number:	CM14-0158937		
Date Assigned:	10/02/2014	Date of Injury:	12/13/2002
Decision Date:	10/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 66 year old male with an injury date of 12/13/02. Based on the 08/20/14 progress report, the patient complains of low back pain rated 5/10 with and 8/10 without medications. Physical examination reveals trigger areas in the neck and low back. Gait is normal. His medications include Norco, Soma and Lidoderm patch. Soma was included in his medication list on progress report dated 05/30/14. Patient is unemployed. The current diagnosis as of 08/20/14 includes chronic lumbosacral strain, and cervical strain and neck. The request is for Soma 350mg #90. The utilization review determination being challenged is dated 09/19/14. The rationale is "modify to #80. It is appropriate to wean..." Dr. Barzaga is the requesting provider, and she provided treatment reports from 11/07/13 - 08/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: The patient presents with low back pain rated 5/10 with and 8/10 without medications. The request is for Soma 350mg #90. His diagnosis dated 08/20/14 includes chronic lumbosacral strain and cervical strain. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, pages 63-66: "Carisoprodol (Soma , Soprodal 350, Vanadom , generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. MTUS recommends requested Soma only for a short period; therefore, the request is not medically necessary.