

Case Number:	CM14-0176028		
Date Assigned:	10/29/2014	Date of Injury:	01/03/1998
Decision Date:	12/05/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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 46 year old male with an injury date of 01/03/98. The most recent progress report is from 09/25/14 and is without signature. The report states that the patient presents with lower back pain radiating to the leg. The patient is noted to be obese and sleeps 3-4 hours per night. Examination from the 09/09/14 report shows positive McMurray and tenderness to palpation of the lumbar spine and paraspinal spasm. The patient's diagnoses from 09/25/14 include:FRSS, L-Lam, and R-Dep. The patient's diagnoses from the 06/11/14 report by [REDACTED] include: Lumbar discogenic disease status post laminectomy; failed back syndrome with persistence of symptoms, chronic pain, hypertension currently controlled with medications,lower abdominal pain and pelvic; no evidence of hernia; pelvic CT unremarkable. The 05/16/12 operative report for Intraspinal opiate trial is provided. On 06/11/14 medications are listed as Opana, Valium, Soma, Zoloft, Ambien and Lyrica. The utilization review being challenged is dated 10/08/14. Reports were provided from 05/16/12 to 09/25/14. Recent treatment reports are handwritten and mostly illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma; Muscle Relaxants Page(s): 29; 63-66.

Decision rationale: MTUS Soma page 29 states that this medication is not indicated for long term use. MTUS muscle relaxants for pain pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. The reports provided state the medication is used for muscle spasm. The 09/25/14 report states back pain medications were stopped and the patient is requesting refills and the 07/31/14 report notes no adverse side effects with medications. The 06/30/14 report by [REDACTED] states the patient tolerated Soma taper from 3 per day to 2 per day. On 06/11/14 the provider states this medication is part of the patient's pain management. In this case, the reports provided generally state that medications are of benefit to the patient, but do not state that Soma is of benefit. There is no record of pain and function. Furthermore, there is no discussion of use of the medication beyond the short-term use of 2-3 weeks as recommended by MTUS. Therefore, the requested medication is not medically necessary and appropriate.