

Case Number:	CM14-0093351		
Date Assigned:	07/25/2014	Date of Injury:	07/11/2007
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 Occupational Medicine 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 41-year-old male who has submitted a claim for chronic lumbar post-laminectomy syndrome with an industrial injury date of July 11, 2007. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic lower back pain and lower extremity pain status post lumbar spine surgery. Pain was described to be located at his left lower back and left leg and toes. Pain is rated at 8/10. Physical examination of the lumbar spine revealed a surgical scar. Patient ambulates with an antalgic gait. Treatment to date has included oral analgesics, opioid medications, physical therapy and surgery. Utilization review from June 6, 2014 denied the request for SOMA 350mg #90 because this medication is not necessary. According to the California MTUS/ACOEM Guidelines, Soma in particular is not recommended for use for longer than 3 weeks.

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. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Procedure Summary last updated 5/14/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available), Page(s): 29,65.

Decision rationale: As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. In this case, Soma intake was noted as far back as January 2013. The guideline does not support long term use. Moreover, there was no objective evidence of overall pain improvement and functional benefits derived from its use. The medical necessity has not been established. Therefore, the request for SOMA 350mg #90 is not medically necessary.