

Case Number:	CM14-0165767		
Date Assigned:	10/09/2014	Date of Injury:	02/16/1998
Decision Date:	03/30/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male who reported an injury on 02/16/1998. The mechanism of injury was not specified. His diagnosis included displacement of disc without myelopathy. Past treatments included medications, use of TENS unit, physical therapy and work hardening. On 09/05/2014, the injured worker complained of low back pain with increasing left greater than right lower extremity symptoms rated at a 7/10. The injured worker also reported cervical pain with left greater than right upper extremity symptoms rated at a 5/10, and increased pain with sitting, lumbar spine. The physical examination revealed flexion at 60 degrees, 40 degrees of extension, 30 degrees of left and right lateral tilt, positive straight leg raise on the left at 35 degrees and on the right at 40 degrees. Cervical spine range of motion was 40 degrees of flexion, 30 degrees of extension, 30 degrees of left and right rotation. The current medications were noted to include hydrocodone 7.5 mg, Soma 350 mg, naproxen 550 mg, pantoprazole 20 mg, frequencies not provided. The treatment plan included an updated MRI, additional physical therapy, pain management intervention, use of TENS unit and a refill of medications. A request was received for Soma 350 mg #90. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 29.

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

Decision rationale: The California MTUS Guidelines specifically state that Soma is not recommended. The clinical information indicated that the injured worker has been using Soma for muscle spasms since at least 09/29/2014, with no documented side effects. However, there was no documentation with evidence of functional improvement with the use of the medication. Given the absence of the information indicated above and as the request is specifically not recommended by the evidence based guidelines, the request is not supported. Therefore, the request for Soma 350 mg 1 PO, three times a day # 90, 30 day fill for muscle spasm of the cervical and lumbar spine is not medically necessary.