

Case Number:	CM14-0203600		
Date Assigned:	12/16/2014	Date of Injury:	10/12/2006
Decision Date:	03/19/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/05/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a female, who sustained an industrial injury on October 12, 2006. She has reported spine pain and low back pain and was diagnosed with cervical spondylosis and radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, physical therapy, chiropractic care, work modifications and pain medications. Currently, the IW complains of cervical spine pain and low back pain. It was noted the IW had multiple injuries to the back over several years. It was noted the pain continued after several failed conservative therapies and surgical intervention. On November 14, 2014, Utilization Review non-certified a request for Soma 350mg #90, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On November 27, 2014, the injured worker submitted an application for IMR for review of requested Soma 350mg #90.

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.

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

Decision rationale: The patient presents with pain in her neck, shoulder and lower back. The request is for SOMA 350MG #90. The one report provided by the treater contains no information of medication. MTUS guidelines page 29 does not recommend Soma -Carisoprodol. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate -a schedule-IV controlled substance. Carisoprodol is now scheduled in several states but not on a federal level- MTUS page 63-66 state, "Carisoprodol -Soma, Soprodal 350, Vanadom, generic available: Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, the utilization review letter on 11/14/14 indicates that "this is a refill medication." The treater does not provide documentation regarding how long the patient has been utilizing Soma or this medication's efficacy. The treater does not explain that this is to be used for short-term. Given that the MTUS guidelines only support a short-term use of this medication -2-3 weeks, the request IS NOT medically necessary.