

Case Number:	CM14-0211241		
Date Assigned:	12/24/2014	Date of Injury:	06/03/1994
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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 & Rehabn

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 62 year old female with an injury date on 6/3/94. The patient complains of continued low lumbar pain with radicular symptoms per 10/30/14. The patient has controlled the pain with soma and norco, the same dose for the last 5 years per 10/30/14. The pain with the medications is 6/10, without the medications rated 9/10 per 10/30/14 report. The patient has improved function with medication, and is able to do housework and activities of daily living per 5/19/14 report, but without the medications is housebound per 10/30/14 report. Based on the 11/19/14 progress report provided by the treating physician, the diagnoses are:1. lumbago2. cervicalgia3. pain in joint, shoulder4. sciatica5. degeneration of lumbar or lumbosacral intervertebral discA physical exam on 11/19/14 showed "affect distressed since having no pain medication this month." No range of motion testing of lumbar was provided in reports. The patient's treatment history includes medications only. The treating physician is requesting soma tablet 350mg. The utilization review determination being challenged is dated 12/4/14. The requesting physician provided treatment reports from 5/19/14 to 12/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma Tablet 350mg: Upheld

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

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

Decision rationale: This patient presents with lower back pain. The treater has asked for SOMA TABLET 350MG on 11/19/14. Patient has been taking Soma since 5/19/14. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, the patient has been taking Soma for 6 months, but MTUS indicates only for short term use (2-3 weeks). The requested soma is not indicated per MTUS guidelines. The request IS NOT necessary.