

Case Number:	CM14-0212885		
Date Assigned:	12/30/2014	Date of Injury:	09/26/2012
Decision Date:	02/19/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker (IW) sustained an industrial injury low back injury on 09/26/12. Documented treatment to date has included activity modification, medications, physical therapy, and epidural steroid injections (ESIs). 11/04/14 orthopedic consultation note documented complaints of lumbosacral pain radiating to the right lower extremity. Current medications included Prilosec, citalopram, Gralise, Lyrica, Protonix, hydrochlorothiazied, diclofenac, Percocet, and lisinopril. 11/07/14 office note documented complaints of a recent flare of low back pain and spasms. Claimant requested change from Percocet to Norco. He requested continuation of Soma and Lyrica, which he was using before and were beneficial for pain. Moderate right sided muscle spasm was noted on physical exam. He was prescribed diclofenac, Soma, Lyrica, and Norco. Percocet and Flexeril were discontinued. A request for Soma was denied following peer review on 11/24/14 noting lack of compliance with MTUS recommendations. 12/22/14 office note documented reduction in pain level following ESIs performed on 12/10/14. No objective evidence of muscle spasm was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS does not recommend Soma for treatment of chronic pain, noting risk for intoxication and abuse associated with this medication and lack of indication for long-term use. Therefore, Soma 350mg Qty: 60 is not medically necessary.