

Case Number:	CM14-0215658		
Date Assigned:	01/05/2015	Date of Injury:	02/05/1998
Decision Date:	03/09/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/23/2014

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: Maryland, District of Columbia
 Certification(s)/Specialty: Internal 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:

The employee was a 66 year old male with a date of injury of 2/5/1998. The request was for Soma 350mg #90. His history was significant for upper and lower back pain with radicular symptoms in both lower extremities. The progress note from 11/10/14 was reviewed. His subjective complaints included upper back pain with intermittent numbness rated 6/10 with medications and 7-8/10 without medications. He also had low back pain radiating down both lower extremities rated 6/10 with medications and 8-9/10 without medications. Objective findings included tenderness overlying the hardware in the lower lumbar spine, decreased lumbar spine range of motion, decreased left L5 dermatome sensation distribution and an absent left ankle reflex. His diagnoses included status post L2-S1 fusion, symptomatic retained hardware L2-3, disc degeneration T12-L1 and mild bilateral SI joint dysfunction.

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 Muscle Relaxants.

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

Decision rationale: The employee had pain in lower back and upper back after workplace injury. He was status post lumbar spine fusion and had ongoing radicular pain as well as lumbar spine pain. The request was for Soma. Carisoprodol/Soma is an antispasmodic that is used to decrease muscle spasms. MTUS guidelines recommend using this agent for no longer than 2 to 3 week period due to drowsiness, psychological and physical dependence and withdrawal symptoms. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. In this case, the employee has been on it for long term control of pain since at least June 2014 and hence the medical necessity for Soma is not met.