

Case Number:	CM14-0059685		
Date Assigned:	07/21/2014	Date of Injury:	10/02/2013
Decision Date:	05/26/2015	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/30/2014

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 51 year old male, who sustained an industrial injury on 10/2/2013. He reported falling and twisting his back while working on a rooftop. The diagnoses have included lumbar radiculopathy and low back pain. Treatment to date has included physical therapy and medication. The MRI of the lumbar spine showed multilevel disc bulges and facet arthropathy. According to the progress report dated 1/27/2014, the injured worker complained of pain from the lumbar spine radiating to the neck. He also complained of a painful, tingling sensation in the left leg that radiated to the knee. Current medications included Motrin, Flexeril, Tramadol and Valium. The injured worker walked with a kyphotic posture. There was pronounced bilateral paraspinous muscle spasm in the lumbar spine. The treatment plan included physical therapy and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29, 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and sedative medications. The use of Soma is associated with increased incidence of the adverse effects because of the central anesthetic action of the meprobamate the active metabolite. The records indicate that the patient had utilized Soma longer than the guidelines recommended 4-6 weeks maximum period of muscle relaxants use. The criteria for the use of Soma 350mg #120 was not met; the request is not medically necessary.