MAXIMUS Federal Services

Case Number:	CM14-0093674		
Date Assigned:	07/25/2014	Date of Injury:	09/30/2008
Decision Date:	06/10/2015	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/20/2014

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 injured worker is a 50 year old female who sustained an industrial injury on 9/30/08 when she slipped, injuring her left ankle/ foot and lower back and also incurred a minor abrasion to her right knee. She was seen by her family physician the following day but the pain progressed and she went to the emergency department on 10/3/08. Her treatments consisted of oral medications and physical therapy. She complains of constant slight lumbosacral pain that increases to a moderate level with heavy lifting and repetitive motion. Her activities of daily living are limited in that she can walk or stand for ten minutes, sit for thirty minutes and has difficulty climbing stairs. She is able to perform self-care activities independently. Medications pertinent to the injury are Duragesic patch, Prozac, gabapentin, Vicodin, Prilosec, Colace, Senokot, zanaflex Diagnoses include gastroesopahgeal reflux disease; irritable bowel syndrome; status post lumbar spine operative intervention (12/20/11). Treatments to date include medications; lumbar epidural steroid injection (7/26/12, 11/12, 3/13); lumbar facet blocks (8/12). On 5/28/14, Utilization Review reviewed the request for Some 350 mg # 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 Soma (carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia.

Decision rationale: Guidelines do not recommend Soma for chronic pain patients and it should be tapered if the patient has been prescribed it long term. In this case, the patient discontinued previous prescription of Soma around 12/18/2013. The request for Soma 350 mg #90 is not medically appropriate and necessary.