

Case Number:	CM14-0095846		
Date Assigned:	07/25/2014	Date of Injury:	02/04/2004
Decision Date:	06/10/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/24/2014

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 70 year old male, who sustained an industrial injury on 2/4/2004. The current diagnosis is low back pain. According to the progress report dated 6/9/2014, the injured worker complains of low back pain. The physical examination of the lumbar spine reveals tender right lower back and mild pain with motion. The current medications are Vicodin and Soma. Treatment to date has included medication management. The plan of care includes prescription for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, QTY: 12, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisprodol).

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

Decision rationale: Guidelines state that Soma is not indicated for long term use. In this case, the patient was on Soma since 6/12/13 and since prolonged use is not supported by guidelines, the Soma should be weaned based on the patient's needs. Since the patient had been using 8

tables of Soma 350 mg per month, the request for Soma 350 mg #12 with 3 refills is not medically necessary and appropriate.