

Case Number:	CM15-0013075		
Date Assigned:	01/30/2015	Date of Injury:	11/01/2001
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old female who reported an injury on 11/01/2001 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back that ultimately resulted in global fusion surgery from the T11 to the S1. The injured worker's postsurgical treatment included multiple medications, physical therapy and finally an intrathecal pain pump. The injured worker's diagnoses included postlaminectomy syndrome of the lumbar region and kyphoscoliosis and scoliosis. The injured worker was evaluated on 10/10/2014. It was documented that the injured worker had continued low back pain. Physical findings included a tilted posture in an upright position and severely limited range of motion. The injured worker's treatment plan included aquatic therapy, medications, and followup care. A request was submitted for Soma 350 mg. No justification for the request was provided. No Request For Authorization was provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, 1 BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Carisoprodol (Soma) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Soma 350mg, 1 two times a day #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of this medication for very short durations of treatment due to a high risk of psychological and physical dependence. The clinical documentation indicates that the injured worker had been taking this medication since at least 07/2014. This, in combination with the requested medication in October exceeds guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested Soma 350mg, 1 two times a day #60 is not medically necessary or appropriate.