

Case Number:	CM15-0015712		
Date Assigned:	02/03/2015	Date of Injury:	09/15/2000
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 71 year old male who sustained an industrial injury on 9/15/00 resulting in low back pain. He is currently experiencing lumbar spine discomfort rated 8/10. He is experiencing residual low back pain status post lumbar spine surgery with laminectomy and discectomy at L5-S1 to the left (4/19/12) with numbness in the left lateral foot; depression and intermittent stomach upset from medications. Medications include Soma, Percocet and omeprazole. Diagnoses include status post lumbar spine surgery with laminectomy and discectomy; gastrointestinal upset from medications. Treatments to date are home exercise and stretching. Diagnostics include MRI Lumbar spine without contrast (7/8/14) revealing mild stenosis. Progress note dated 12/9/14 indicate to refill Soma to help with muscle spasms. On 12/31/14 Utilization Review non-certified the request for Soma 359 mg # 60 citing MTUS: Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma a long time without clear evidence of spasm or excacerbation of lumbar pain. There is no justification for prolonged use of Soma. The request for Soma 350mg #60 is not medically necessary.