

Case Number:	CM15-0120746		
Date Assigned:	07/01/2015	Date of Injury:	02/17/2003
Decision Date:	07/30/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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

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 53 year old female patient who sustained an industrial injury on 02/17/2003. A recent primary treating office visit dated 01/13/2015 reported the treating diagnoses as lumbago, unspecified thoracic/lumbar neuritis, and congenital spinal fusion. She is with subjective complaint of having constant lower back pain, and difficulty sleeping. The assessment found the patient status post lumbar fusions in 2007, and 05/14/2014, and requiring tapering of medications. The plan of care noted the patient being authorized for surgery. Medications to continue: Soma, OxyContin 40mg one BID, Oxycodone 30mg one BID. There was only noted conversation regarding weaning of medications and no evidence of such found within the supporting documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma tab 350mg 1 po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 29, 78, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol, Page 29; Muscle Relaxants, Pages 63-66.

Decision rationale: The requested Soma tab 350mg 1 po bid #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has constant lower back pain, and difficulty sleeping. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma tab 350mg 1 po bid #60, is not medically necessary.