

Case Number:	CM15-0099134		
Date Assigned:	06/01/2015	Date of Injury:	03/15/2003
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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 year old male, who sustained an industrial injury on 03/15/2003. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/08/2015 the injured worker has reported continued low back pain. The medication regimen was noted to improve quality of life and performing activities of daily living. Pain scaled with medication was noted to be 4/10. On examination of the lumbar spine was noted to be tender at facet joint, decreased flexion, decreased extension and decreased lateral bending. The diagnoses have included lumbago-low back pain and long RX use. Treatment to date has included laboratory studies, and medications: Norco, Soma (started on 03/10/2015), and Anaprox. The provider requested Soma 350 tablet #90 for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 tablet #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient complains of low back pain, rated at 4/10, as per progress report dated 04/08/15. The request is for Soma 350 tablet 1 tab po tid for 30 days #90. No RFA could be found for this case, and the patient's date of injury is 02/08/10. Diagnoses, as per progress report dated 04/08/15, included lumbago and lower back pain. Medications included Anaprox, Norco and Soma. The patient is permanently disabled, as per the same progress report. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, a prescription for Soma is first noted in progress report dated 10/14/15, and the patient has been taking the medication consistently at least since then. As progress report dated 04/08/15, medications are helpful without any side effects. The treater states that "patient is on medications which help decrease pain and improve function. The quality of life is improved while being on the medications and they help with performing activities of daily living." Nonetheless, MTUS does not support the use of Soma beyond a 2 to 3 week period. Hence, the request is not medically necessary.