

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/22/2013
Date of Injury:	2/2/2011
IMR Application Received:	8/30/2013
MAXIMUS Case Number:	CM13-0018741

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Soma 350mg, Qty. 120 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/30/2013 disputing the Utilization Review Denial dated 8/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Soma 350mg, Qty. 120 is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 52-year-old male who reported an injury on 02/02/2011, which is reported to have been caused by cumulative trauma. A 05/01/2013 Orthopedic Joint Agreed Medical Re-Evaluation, signed by Dr. [REDACTED] reported the patient continued to complain of ongoing neck pain, which was present all the time, which radiated into the bilateral shoulders and reported off and on headaches. The patient is noted to complain of left shoulder pain, which was present off and on, radiating to the left arm, mid and low back pain present all the time, radiating to the upper back and neck at times. He is noted to have treated with previous epidural steroid injections to the cervical and thoracic spine with benefit and is noted to have undergone an MRI of the thoracic spine on 01/29/2013, which was reported to show 2 large herniated discs at T4-5 and T5-6. A clinical note dated 05/01/2013, signed by Dr. [REDACTED] reported the patient had undergone a lumbar ESI on 04/11/2013 with improvement, which he rated 1/10 to 2/10. He is reported to complain of cervical spine pain, which was chronic with left-sided muscle spasms and chronic spasms of the thoracic spine. On physical exam the patient is noted to have gait within normal limits, to be taking his medications as prescribed, and reporting that the medications helped with pain. He was noted to have no adverse side effects. The clinical note dated 06/04/2013, signed by Dr. [REDACTED], reported the patient had seen an Agreed Medical Evaluator to address thoracic spine injury. He reported the spine injection was effective. He continued to complain of cervical spine pain with muscle spasms, numbness and tingling of the right hand, chronic low back pain improved with lumbar epidural steroid injection, and chronic thoracic spine pain with increased pain aggravated by activities and complaints of muscle spasms.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

1) **Regarding the request for Soma 350mg, Qty. 120:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), page 29, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), page 29 and Muscle Relaxants, pages 63-65, which is part of the MTUS.

Rationale for the Decision:

The employee is a 52-year-old male who reported an injury on 02/02/2011 due to cumulative trauma from performance of his job since 04/01/1984. The medical records submitted for review indicate complaints of ongoing low back, cervical pain, and thoracic pain which was noted to have been treated conservatively with physical therapy, acupuncture, chiropractic treatment, and medications. The employee is also noted to have undergone lumbar epidural steroid injections, which were reported to be of benefit. The submitted records noted that the employee has been taking Soma from at least 12/28/2012. The guidelines state Soma is not recommended, as this medication is not indicated for long-term use and non-sedating muscle relaxants should be used with caution as second line options for short-term treatment of acute exacerbations in individuals with low back pain, recommending no more than a two- to three-week period. The medical records indicate that the employee has been taking Soma on a long-term, ongoing basis, therefore, the request for additional Soma does not meet guideline recommendations. **The requested Soma 350mg, Qty. 120 is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/srb

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.