

Case Number:	CM13-0033243		
Date Assigned:	12/06/2013	Date of Injury:	02/14/2011
Decision Date:	08/13/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old male who reported an injury on 02/14/2011. The mechanism of injury was not provided in the medical records. His diagnoses include cervical facet syndrome, cervical pain, cervical radiculopathy, lumbar radiculopathy, knee pain, and spinal/lumbar degenerative disc disease. The previous treatments included medications. In the most recent clinical note dated 08/12/2013, the injured worker had complaints of lower back pain. The injured worker rated his pain at an 8/10. He also reported that his activity level had decreased. He indicated he was taking his medications as prescribed and the medications are working well, with no side effects and no medication abuse suspected. On physical examination, the physician reported he had an awkward slow and wide-based gait and was assisted by a cane. On examination of the lumbar spine, the physician reported the range of motion was restricted with flexion limited to 30 degrees and extension to 10 degrees, limited by pain. On palpation of the paravertebral muscles, there was tenderness noted on both sides. The lumbar facet loading was positive bilaterally, and the straight leg raise test was positive on the right at 45 degrees and left at 60 degrees. On examination of the cervical spine, the physician reported there was tenderness over the paracentral muscles and sternoclavicular joint. The physician reported the injured worker was stable on his current medication regimen had not changed his essential regimen in greater than 6 months. The medication improved function with activities of daily living. The physician's treatment plan included prescriptions for oxycodone 15 mg, OxyContin 20 mg, and Soma 350 mg. The physician reported that the injured worker had failed Flexeril and Zanaflex in the past, and would need to continue the Soma. The current request is for Soma 350 mg #120; and the rationale was to improve function with activities of daily living. The Request for Authorization was provided on 08/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The current request for Soma 350 mg #120 is not medically necessary. The California MTUS Guidelines state that carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). The clinical documentation provided indicated the injured worker had increased pain and muscle spasms on physical examination; and had failed the use of Flexeril and Zanaflex in the past; however, Soma is not supported for use by the guidelines. The efficacy of the medication was not provided to support continuation. The request also failed to indicate the frequency of the medication. As such, the request for Soma 350 mg #120 is not medically necessary.