

Case Number:	CM13-0036489		
Date Assigned:	12/13/2013	Date of Injury:	07/07/1995
Decision Date:	11/26/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/21/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 55 year old male who had a work injury dated 7/7/95. The diagnoses include lumbar laminectomy syndrome, spinal degenerative disc disease, and low back pain. Under consideration are requests for Soma 350mg x 4 daily spasms quantity 120. There is a 9/11/13 progress note that states that the patient presents with low back pain graded 4/10 on VAS (with medications); the pain radiated to both legs. He states that the medications were working well as he was less sedentary, was able to help with household chores. Pain level has decreased from 7.5/10 to 4/10 on VAS with Avinza, Norco, and Soma. No medication abuse was suspected. His medications include taking Phenergan 25 mg on an as needed basis, Avinza 60 mg twice daily on an as needed basis, Soma 350 mg every four to six hours on an as needed basis, Lyrica 150 mg twice daily, Norco 10-325 mg every four to six hours on an as needed basis for pain, and coumadin. On physical exam of the lumbar spine showed limited range of motion, lumbosacral spinous tenderness, bilateral lower extremity strength of 5-/5, intact sensation, and positive straight leg raise test. He was prescribed with 120 tablets of Soma 350 mg to be taken four times daily on an as needed basis for muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG X 4 DAILY SPASMS QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol Soma Page(s): 29. Decision based on Non-MTUS Citation Official Disability
Guidelines (ODG) Pain (chronic) Carisoprodol Soma

Decision rationale: Soma 350mg x 4 daily spasms quantity 120 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma 350mg x 4 daily spasms quantity 120 is not medically necessary.