

Case Number:	CM13-0043697		
Date Assigned:	12/27/2013	Date of Injury:	10/09/2007
Decision Date:	07/25/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/25/2013

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 Internal Medicine and Pulmonary Diseases 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 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 52-year-old male who reported an injury after pulling on a baseboard on 10/09/2007. The clinical note dated 07/17/2013 indicated low back pain. The injured worker reported low back that intermittent and worse with sneezing and coughing. He had occasional pain that radiated to his knees. The injured worker reported the pain gradually spread with tightness in his mid and upper back. The injured worker reported his pain was low grade all of the time but he did have an exacerbation on an intermittent basis. The injured worker reported his pain radiated into both legs depending on whether he had coughed, sneezed, sat for too long, bended, lifted, or pushed. The injured worker reported he had been using medication with benefit. The injured worker reported he can be from 5 with medications to 8/10 without medications. He reported greater than 50% improvement with the TENS unit. The injured worker reported he was limited to lifting 20 pounds but did not do more than 1 gallon of milk. .On physical examination of the low back, the injured worker's range of motion was 15 degrees extension and 35 degrees lateral rotation bilaterally. There was pain in the paraspinal muscles over the facet joints. The injured worker had full range of motion to the neck. The injured worker reported he had Soma and Flector patches, the latter of which helped. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included Nucynta, Norco, Skelaxin, ibuprofen, Robaxin, naproxen, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF SOMA 350MG, #20: 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 request for a prescription of soma 350 mg, #20 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines states Soma is not indicated for long-term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. It is not indicated if the injured worker is continuing Soma or if this is a re-trial for Soma; therefore, clarification is necessary. In addition, the injured worker is already prescribed a muscle relaxant. There is no evidence to recommend 1 drug over another based on efficacy. Furthermore, the provider did not indicate a frequency for this medication. Therefore, the request for Soma is not medically necessary.