

Case Number:	CM13-0059891		
Date Assigned:	06/09/2014	Date of Injury:	12/14/2000
Decision Date:	07/31/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 48-year-old female who reported an injury on 12/14/2000, with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 03/05/2014, the injured worker complained of low back and bilateral leg pain. It was noted that the injured worker's pain level status was 10/10 without medications and 6/10 with medication. It was noted that upon this clinical note, the injured worker's pain was rated at 9/10. It was also interpreted that the prescribed medications were keeping the injured worker from being functional, allowing for increased mobility and tolerance of activities of daily living (ADLs) and home exercises. It was noted that the injured worker was awaiting authorization for acupuncture and lumbar medial branch block. Prior treatments included physical therapy, acupuncture, and prescribed medications. The injured worker's prescribed medication regimen included Dilaudid 8 mg tabs, Norco 10/325 mg tabs, Soma 350 mg tabs, Losartan potassium, Lovastatin tabs, and Chlorthalidone tabs. Prior surgeries included laminectomy and back surgery dated 1992. The physical examination of the lumbosacral region revealed tenderness upon palpation and range of motion was noted at forward flexion 45 degrees; hyperextension 15 degrees; right lateral bend 15 degrees, and left lateral bend 15 degrees. A sitting straight leg raise was noted to be positive bilaterally. It was noted that there was no paraspinal muscle spasm. The physical examination of the left lower extremity revealed 4+/5 to the tibialis anterior and extensor hallucis longus. The sensory exam revealed decreased sensation to pinprick to the left L4 and left L5, and left S1. The reflex exam revealed deep tendon reflexes in lower extremities to be decreased but equal. The diagnoses included facet arthropathy (lumbar); displacement; lumbar disc without myelopathy; lumbar radiculopathy; degenerative disc disease to the lumbar; postlaminectomy syndrome lumbar region, and lumbago. The treatment plan included a renewal of Dilaudid 8 mg, Norco 10/325 mg, and Soma 350 mg tablets, one (1) by mouth every day as needed for spasm.

The treatment plan also included a request for an updated lumbar MRI and a request for a 60 day extension of previously authorized acupuncture. The request for authorization for Soma 350 mg tablets, one (1) by mouth every day as needed for spasm #30 times two (2) for the diagnosis of lumbago, postlaminectomy syndrome lumbar region, and lumbar radiculopathy was submitted on 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Soma 350mg #30, with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol); Muscle relaxants (for pain).

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

Decision rationale: The Chronic Pain Guidelines indicate that carisoprodol (Soma) is not recommended. This medication 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). Soma is now scheduled in several states, but not on a federal level. It has been suggested that the main effect is due to generalized sedation in treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular uses, the main concern is accumulation of meprobamate. Soma abuse has also been noted in order to augment or alter the effects of other drugs. In the clinical notes provided for review, it is interpreted that the injured worker has been on Soma for an extended amount of time, since 10/2013, without the interpretation of its efficacy. There is also a lack of documentation of the injured worker having any muscle spasms annotated within the physical examination to warrant muscle relaxants. Furthermore, the guidelines do not recommend use of Soma for long term use. Therefore, the request for one (1) prescription of Soma 350mg #30, with two (2) refills is not medically necessary.