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| Case Number: | CM13-0065319 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 11/30/2010 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 12/02/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

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 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 patient is a 58 year old male who was injured on 11/30/2010 due to work cumulative injuries. Prior treatment history has included the patient undergoing right L4-L5 epidural steroid injection under fluoroscopic guidance on 06/27/2013 with greater than 50% improvement in symptoms, which lasted approximately eight weeks. Progress note dated 11/06/2013 documented the patient with complaints of increasing low back pain with right lower extremity radicular symptoms. He has numbness and tingling in the right lower extremity with muscle spasm in the low back. He has not had any formal physical therapy for several years. He has not had any acupuncture or chiropractic treatments. His current medication regimen is Percocet, naproxen and Soma. The patient rates his pain at 5-6/10 with the use of medication. Without medication he rates his pain 8-9/10. The patient is noting functional improvement as well as improvement in pain with his current medication regimen. Objective findings on examination of the lumbar spine reveal tenderness to palpation over the lumbosacral junction. Positive spasms with no trigger bands palpated. Lumbar spine range of motion is flexion 30 degrees, extension 15 degrees, right lateral bending 15 degrees and lateral bending 15 degrees. Lower extremity exam reveals a positive straight leg raise on the right at 30 degrees and left 45 degrees. Sensory exam reveals hypesthesia in the right L4-L5 dermatome. Reflexes at the patellar is right 0 and left 1+. Diagnoses: 1. Low back and right lower extremity pain. 2. Multilevel lumbar degenerative disc disease with spinal canal stenosis at L3-L4 and L4-L5 per MRI of 07/26/2011. 3. Advanced lumbar facet arthropathy from L1-L12 through L5-S1 bilaterally. 4. Chronic L5 nerve root irritation bilaterally per EMG/NCV of 04/19/2013. 5. Lumbar myofascial pain with muscle spasm. Treatment Plan: 1. Continue naproxen. 2. Decrease Soma. 3. Continue Percocet. 4. Physical therapy two days a week for approximately six weeks. 5. Consider repeat right L4-L5 epidural steroid injection under fluoroscopy. UR report dated 12/02/2013 denied the request for Trial Soma 350

mg bid prn #60 because Carisoprodol or Soma has no evidenced-based proven efficacy in the treatment of chronic pain syndrome especially a well established radiculopathy. There is no acute myospasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA, SOPRODAL 350TM, VANADOM, GENERIC AVAILABLE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Carisopradol (Soma) is a centrally acting muscle relaxants. The guidelines state; "Carisoprodol (Soma, Soprodal350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period". The medical records indicate that the patient has been using Soma since at least October 2013 as per the report dated 10/08/2013. Therefore, the medical necessity of Soma 350 mg #90 has not been established according to the guidelines. The request is not medically necessary.