

Case Number:	CM13-0067504		
Date Assigned:	01/03/2014	Date of Injury:	05/03/2011
Decision Date:	06/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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 & Rehabilitation 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 31-year-old male with a reported date of injury on 05/03/2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include hypogonadism, sprain/strain to the lumbosacral, lumbar facet arthropathy, and degenerative disc disease to the lumbar. The injured worker's prior treatments included aqua physical therapy, pain medications and a medial branch block. The injured worker's medication regimen included Norco 10/325 mg 1 to 2 four times a day, Gabapentin 600 mg 2 by mouth 3 times a day, Cialis 1 every other day, and Soma 350 mg 3 times a day. The physical examination reported the range of motion testing to the lumbar/sacral spine was noted as flexion was 60 degrees, hyperextension was 10 degrees, right/left lateral bend was 10 degrees, and a straight leg raise was negative. The provider reported the motor strength was 5/5 and there was normal sensation to pin prick in the upper and lower extremities. The Request for Authorization form was not submitted within the medical records. The request is for Soma 350 mg, 1 tablet 3 times per day as needed, #90 with 1 refill; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, ONE (1) TABLET THREE (3) TIMES PER DAY AS NEEDED, #90 WITH ONE (1) REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Carisoprodol (Soma), Muscle Relaxants (for pain) Page(s): 29, 63.

Decision rationale: The injured worker has been taking this medication since at least 05/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend Soma for long term use. The guidelines also recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that muscle relaxants may be effective in reducing pain and muscle tension and increasing ability. However, in most low back pain cases, they show no benefit beyond NSAIDs and pain and overall improvement. Also, there is no additional benefit in combinations with NSAIDs. The guidelines also state efficacy appears as to diminish over time and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding the efficacy of this medication as well as increased functional improvement due to taking Soma. The guidelines state that muscle relaxants are for short term use, as this injured worker has been prescribed this medication for over 6 months continued use of the medication would not be indicated. The documentation provided reported bilateral paralumbar tenderness and spasm. However, due to the lack of evidence regarding efficacy of this pain medication, and the documented long term use: the continued use of muscle relaxants is not supported by the guidelines. Therefore, the request for Soma 350mg, 1 tablet 3 times per day as needed #90 with 1 refill is not medically necessary and appropriate.