

Case Number:	CM13-0069258		
Date Assigned:	01/03/2014	Date of Injury:	06/21/2003
Decision Date:	05/28/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 has submitted a claim for post-lumbar laminectomy syndrome, and lumbar disc degenerative disorder associated with an industrial injury date of 06/21/2003. Treatment to date has included L4-S1 decompression and fusion on 09/27/2004, permanent spinal cord stimulator implant on 06/10/2008, bilateral posterior decompression from L2 to the sacrum with discectomy at L2-L3 and decompression fusion from L2-S1 in 2009, bilateral laminotomies at L3-L4 and posterolateral arthrodesis at L3-L4 on 10/26/2010, hardware removal on 03/04/2013, right shoulder surgery on 07/31/2008, carpal tunnel and trigger finger release on 11/22/2011, physical therapy, aquatic therapy, and medications including Nuvigil, Norco, Soma, Duragesic patch, Gabapentin, Lexapro, and Paxil. Medical records from 2013 were reviewed showing that patient complained of chronic low back pain graded 9/10 in severity, and relieved to 4/10 upon intake of medications. The patient's quality of sleep was poor. The patient ambulated using a cane. The patient noted that with the combination of his medications, he was able to increase his functional status, walk longer, clean, and do more activities. Physical examination showed tenderness and tight muscle band at paravertebral muscles. Tenderness was noted over the surgical site along the spinal column. Range of motion of the lumbar spine was restricted towards flexion at 35 degrees, and extension at 13 degrees with presence of pain. Motor testing was limited by pain. Gait was antalgic. The patient cannot perform heel-walk or toe-walk. Sensation to pinprick and light touch was patchy in distribution. A utilization review from 11/19/2013 denied the request for Soma 350mg, 1 daily PRN #30 because it is not recommended for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF SOMA 350MG, 1 DAILY AS NEEDED, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma)..

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

Decision rationale: As stated on page 29 of the MTUS Chronic Pain Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, the patient has been prescribed with Soma as early as May 2013. The patient noted that he had significant relief from spasms attributed to its use. Although he was instructed to take the medication on as needed basis for muscle spasm, there is no documentation on how often he needed to use it. Furthermore, this is being prescribed together with hydrocodone/acetaminophen (Norco) which is not recommended by the MTUS Chronic Pain Guidelines due to high potential of abuse. Therefore, the request for prescription of Soma 350mg #30, is not medically necessary and appropriate.