MAXIMUS Federal Services

Case Number:	CM13-0070736		
Date Assigned:	01/08/2014	Date of Injury:	07/13/2002
Decision Date:	06/05/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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, has a subspecialty in Pain Management 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 an employee of [redacted] and has submitted a claim for low back pain radiating to both legs associated with an industrial injury date of July 13, 2002. The treatment to date has included medications and 12 sessions of epidural spinal injections. The medical records from 2012 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to both legs. On physical examination, there was hypertonicity noted over the both sides of the paravertebral muscles at the level of the thoracic and lumbar spine. Tight muscle bands were noted on both sides of the paravertebral muscles at the level of the thoracic spine. There was also a loss of normal lordosis with straightening of the lumbar spine. Range of motion was restricted with flexion limited to 60 degrees and extension limited to 10 degrees at the level of the lumbar spine. Lumbar facet loading was negative on both sides. Straight leg raise was negative. MRI of the spine, dated 01/26/2004, showed bilateral foraminal stenosis, left greater than the right; there was also bilateral facet arthropathy at L5-S1 with disc bulging causing foraminal stenosis and L3-L4 degenerative disease and midline disc protrusion. MRI of the spine, dated 04/04/2007, disc disease, bilateral neural foraminal stenosis and significant spinal canal stenosis is not seen, only mild at L3-L4 and L4-L5. The utilization review from December 17, 2013 denied the request for Soma 350mg take one QID PRN #90 because current medical guidelines do not support the chronic use of Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG TAKE ONE QID PRN #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

Decision rationale: According to pages 29 & 65 of the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to Meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. In this case, the patient has been using Soma since December 12, 2012 (12 months to date), which is beyond the recommended 2 to 3 week period. Furthermore, there is no discussion regarding continued use of Soma and its potential for abuse. In addition, the use of Soma has no documented functional benefit for this patient. Therefore, the request for Soma 350mg take one QID PRN #90 is not medically necessary.