

Case Number:	CM14-0006894		
Date Assigned:	01/24/2014	Date of Injury:	04/01/2008
Decision Date:	06/19/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/17/2014

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 Occupational 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 an employee of [REDACTED], and has submitted a claim for low back pain, associated with an industrial injury date of April 1, 2008. Treatment to date has included surgical fusion of the lumbar spine and retropulsion of the cage after fusion. Other treatment includes physical therapy and medications, which include Norco, Lodine and Robaxin. The medical records from 2008 through 2014 were reviewed; the latest of which was a progress report dated January 29, 2014, which showed that the patient complained of persistent lower back pain that radiates to both lower extremities. Norco medication resulted to decreased pain from 8/10 to 5/10; and Robaxin reduced muscle spasm from 8/10 to 6/10. Physical examination of the lumbar spine revealed decreased range of motion with flexion at 50 degrees, extension at 15 degrees, right and left lateral flexion were also 15 degrees. There was tenderness to the paraspinals, right greater than left. There was positive straight leg raise bilaterally, right was 40 degrees and left was 60 degrees. The utilization review from January 8, 2014 denied the request of Soma 350mg #60 between 12/9/2013 and 2/25/2014 because the fact that the patient had previously been switched to Robaxin, as well as the fact that guidelines do not recommend long term use of Soma, or use of this medication for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Sections, pages 29 and 65..

Decision rationale: According to pages 29 and 65 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that 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 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 medical records of the patient revealed that the patient has been on Soma since 2012, which is beyond the recommended duration of use. Furthermore, this medication is being taken in conjunction to Norco which is not recommended by the guidelines due to high potential of abuse. Therefore, the request for Soma 350mg #60 is not medically necessary.