

Case Number:	CM14-0105473		
Date Assigned:	09/16/2014	Date of Injury:	06/30/1997
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and 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:

Injured worker is a 50-year-old female who has submitted a claim for chronic low back pain; lumbar radiculopathy, s/p lumbar laminectomy and fusion L3-4, L4-5 with removal of hardware (November 1997); Chronic intermittent neck pain; cervicogenic, post-traumatic migraine/tension (mixed) headache; Major depressive disorder, recurrent, severe; and Pain disorder, associated with an industrial injury date of 06/30/97. Medical records from 2013 to 2014 were reviewed. Injured worker apparently sustained an injury when she felt a snap in her back while she was bent over and picking up frozen meat from the floor. Pain gradually increased in intensity with subsequent tasks. She was evaluated by an Orthopedic surgeon who had an MRI done, which showed a crack in the disc (no copy submitted with the records for review), and subsequently underwent a fusion and laminectomy surgery in November 1997. She did not note improvement in her symptoms and had the hardware removed a year after. Injured worker also had a trial of a spinal cord stimulator and narcotic pump, however, injured worker had no noted favorable response to these and had it removed. Injured worker then had subsequent pain management for the next several years with the use of medications. 08/09/14 progress report states that injured worker had constant burning low back pain radiating down to the left buttocks, lateral left leg to the foot, and numbness at the plantar area of her foot. Pain was aggravated by sneezing, coughing, walking, bending, sitting, standing and lifting. She had a recent flare-up of the pain graded 8/10 in severity, accompanied by intermittent neck and upper back pain graded 7/10. Injured worker claims pain was decreased by Soma, and it allowed her to perform her ADLs. Injured worker denies adverse drug reactions and recent urine drug screen (undated, official report not included in submitted documents for review) was consistent with her prescribed medications. On physical examination, injured worker appears to be in moderate discomfort, with antalgic gait requiring use of a cane, with moderate cervical paraspinal and

trapezius tenderness and limited cervical ROM. There was also moderate to severe tenderness at the lumbar paraspinal muscles with note of spasms, limited lumbar ROM, impaired strength and sensation at the left lower extremity. Injured worker had positive seated straight leg raising bilaterally, more on the left. Plan was to continue present medications, start a trial of Lyrica, for transforaminal epidural steroid injection and follow-up. Treatment to date has included narcotic pump, spinal cord stimulation, surgery and medications (Citalopram, Eszopidone, Topiramate, Ziprasidone, Soma, Fentanyl patch, Dilaudid and Naproxen since at least 11/22/13). Utilization review date of 06/18/14 denied the request for Soma because of absence of spasms in the medical report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 29, 63-65.

Decision rationale: As stated on pages 29, 63-65 of the CA MTUS Chronic Pain Medical Treatment Guidelines, the use of non-sedating muscle relaxants for pain is recommended as a second-line option for short term treatment of acute exacerbations in patients with chronic LBP and may be effective in reducing pain and muscle tension, and increasing mobility. However, it has not shown benefit beyond NSAIDs in pain and overall improvement. Likewise, its efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence as Carisoprodol is metabolized to meprobamate, an anxiolytic that is a scheduled IV controlled substance and is not recommended for use longer than a 2 to 3 week period. In this case, there is no clear documentation of duration of Carisoprodol use, only that it must have been used since at least November 2013, exceeding the recommended 2-3 weeks of use. It is not recommended for long-term use due to the risk of dependence, especially when used with other substances such as opioids. Injured worker had complaint of constant and persistent pain despite the use of her medications; hence there is no clear indication for Soma at this time. Therefore, the request for Soma 350mg #60 is not medically necessary.