

Case Number:	CM14-0010349		
Date Assigned:	02/21/2014	Date of Injury:	09/09/1999
Decision Date:	07/17/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 a 61-year-old male who has submitted a claim for unspecified lumbar disc disorder associated with an industrial injury date of September 9, 1999. Medical records from 2013 were reviewed. The patient complains of low back pain greater on the right, associated with right buttock and right posterior upper leg pain rated 7/10. Physical examination showed tenderness over the lumbar spine and right SI joint region; mild paraspinal muscle spasms with guarding; limitation of motion; mildly positive straight leg raise on the right with reproduction of right buttock pain, but no radiating leg pain; and diminished sensation over the ball of the left foot. The diagnoses include degenerative disc disease L3 through S1, industrially aggravated with additional lumbosacral spine sprain/strain; and symptoms of radiculitis, but no obvious radiculopathy. Treatment plan includes a request for carisoprodol (Soma). Treatment to date has included oral analgesics, chiropractic treatment, weight loss program, gym membership and physical therapy. Utilization review from January 13, 2014 modified the request for carisoprodol (Soma) 350mg from "one month supply" to "to allow this one month supply" for weaning purposes only to be weaned until it is completely discontinued over the next 1-2 months. The guideline does not support long term use of muscle relaxants. Also, there was no indication of an acute exacerbation of the chronic condition at the time of presentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol (soma) 350mg one month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: Page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that non-sedating muscle relaxants are recommend as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond nsaid in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Page 29 states that carisoprodol is not indicated for long-term use. It is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolic is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In this case, Soma intake was noted as far back as February 2008 based on an AME done on December 6, 2013. The guideline does not recommend long-term use of this medication. Furthermore, there was no documentation of acute exacerbations of low back pain that would warrant continued use. There was also no objective evidence of overall pain improvement and functional gains derived carisoprodol intake. The medical necessity has not been established. Therefore, the request for carisoprodol (soma) 350mg one month supply is not medically necessary.