

Case Number:	CM14-0112809		
Date Assigned:	08/01/2014	Date of Injury:	02/09/2007
Decision Date:	10/15/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/19/2014

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:

Patient is a 51 year-old male with date of injury 02/09/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/18/2014, lists subjective complaints as chronic neck pain and low back pain. Objective findings: Examination of the cervical spine revealed tenderness to palpation over the paraspinous region with spasms. Range of motion was limited in all planes. Cervical compression and foraminal compression were negative. Interosseous and opponens pollicis longus strengths were 4/5 on the left and 4+/5 on the right. Slightly decreased sensation in C4, C5, and C6 dermatomal distributions, bilaterally. Lumbar spine: Tenderness to palpation over the paraspinous region with spasms. Range of motion was decreased in all planes. Straight leg raise test was positive bilaterally in both sitting and supine positions. Sacroiliac strain testing was positive. Motor testing was within normal limits. There was decreased sensation in the left L5 and bilateral S1 dermatomal distributions. Hoffman's sign was positive, bilaterally. Diagnosis: 1. Status post anterior and posterior cervical discectomy and fusion, C2-C6, with residual symptoms 2. Bilateral upper extremity radiculopathy 3. L4-S1 bilateral disc herniation with high grade foraminal stenosis and compression of the S1 nerve roots 4. Bilateral lower extremity radiculopathy. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Soma (Quantity and duration were not provided)(No SIG provided)

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma with one refill: Upheld

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

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

Decision rationale: The previous utilization review physician authorized one month supply of soma for the purpose of weaning. The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence.