

Case Number:	CM14-0114512		
Date Assigned:	08/04/2014	Date of Injury:	11/25/2005
Decision Date:	10/01/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/22/2014

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 Internal Medicine, Pulmonary Disease, and is licensed to practice in California, Florida, and New York. 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 primary treating physician's progress report dated June 4, 2014 documented subjective complaints of low back pain and neck pain radiating down to his left upper extremity. Objective findings included lumbar tenderness, positive straight leg raising, and motor weakness. The cervical spine revealed tenderness in the posterior cervical musculature and trapezius muscle. There is mild decreased range of motion. Diagnoses included lumbar discopathy with probable herniated nucleus pulposus with associated bilateral lower extremity radiculopathy, left greater than right; status post posterior lumbar interbody fusion, L4-5 and L5-S1, April 14, 2010; left lower extremity radiculopathy with profound weakness and possible left peroneal nerve palsy; right knee internal derangement likely secondary to overcompensation; lumbar spinal cord stimulator implant, September 26, 2011; cervical myoligamentous injury with bilateral upper extremity radiculopathy, left greater than right, secondary to the constant use of a cane with weightbearing. The treatment plan included Norco 10/325 mg, Anaprox, LidoPro topical analgesic cream, Klonopin, Neurontin, and Soma 350 mg. Progress report 12/10/13 documented a prescription for Soma. Utilization review determination date was 6/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 Mg - 4 Tablets a Day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants Page(s): 29, 63-65.

Decision rationale: ACOEM Guidelines state that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Chronic Pain Medical Treatment Guidelines state muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Additionally, the guidelines state that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Medical records indicate the long-term use of Soma, which is not supported by the guidelines. As such, the request is not medically necessary.