MAXIMUS Federal Services

Case Number:	CM14-0118094		
Date Assigned:	08/06/2014	Date of Injury:	11/01/2000
Decision Date:	09/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/28/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 63-year-old female who reported injury on 11/01/2000 due to while pulling a binder from an upper level bookshelf injuring her lower back. The injured worker has diagnoses of cervical disc displacement without myelopathy, degeneration lumbar lumbosacral disc disease, lumbar stenosis, and lumbar disc displacement without myelopathy, lumbago, and fibromyalgia. Past treatment consists of ESI (epidural steroid injections), facet injections, and medication therapy. Medications include Elavil 50 mg 3 tablets at bedtime, Fentanyl patch 100 mcg apply to skin every 72 hours, Docusate Sodium 100 mg 1 tablet by mouth twice a day, Pantoprazole (Protonix) 20 mg 1 tablet twice a day, Ambien 10 mg 1 tablet at bedtime, Soma 350 mg 1 tablet every 6 hours, and Hydrocodone/APAP 10/325 mg 2 tablets every 8 hours. The injured worker underwent imaging of the lumbar spine without contrast which revealed at L4-5, a 2 to 3 mm central and right paracentral subligamentous disc protrusion. Mild thecal sac effacement with mild spinal canal stenosis was noted. There was potential for right nerve impingements. The injured worker complained of chronic low back pain. The injured worker stated that she had a flare up of low back pain that radiated down to her left lower extremity. The injured worker also stated that she felt the medications were helping with pain and function. She stated that without medications, she would be in the hospital. There were no measurable pain levels documented in the submitted report. Physical examination dated 07/28/2014 revealed that the injured worker's lumbar spine was tender to palpation at the lumbosacral junction. Range of motion of the lumbar spine was decreased by 40% with flexion, 50% with extension, and 40% with rotation bilaterally. Sensations were decreased to light touch along the left lower extremity compared to the right lower extremity. Motor strength was 5/5 in bilateral lower extremities. Clonus was negative bilaterally. Straight leg raise was negative bilaterally as well. The treatment plan is for the injured worker to continue the use of Carisoprodol (Soma) 350 mg.

The rationale behind the request is that the provider feels that the Soma is helping the injured worker continue with her ADLs (activities of daily living) and function. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol-Soma 350mg #120 for date of service 6/2/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65.

Decision rationale: The request for Carisoprodol (Soma) 350mg #120 for date of service 6/2/14 was not medically necessary. The California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. There was no quantified information regarding pain relief and no documentation of efficacy given the injured worker continued to have muscle spasms on that examination. There was a lack of documented functional deficit improvement as a result of the mediation. There was no evidence of what pain levels were before, during and after the medication was taken. Furthermore, it is not for use of longer than 2 to 3 weeks and the documentation revealed that the injured worker had been using Soma since at least 03/2014. The injured worker has chronic back pain which is an indication for this but only as a second line option and only for acute exacerbation and there was no documentation that the injured worker had an acute exacerbation. Additionally, the request as submitted did not specify the frequency and duration of the medication. Given the above, the request for Soma is not supported by the California Medical Treatment Utilization Schedule Guidelines. As such, the request for Carisoprodol (Soma) 350mg #120 for date of service 6/2/14 was not medically necessary.