

Case Number:	CM14-0135527		
Date Assigned:	08/29/2014	Date of Injury:	07/28/1988
Decision Date:	10/31/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/22/2014

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 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 records presented for review indicate that this 59-year-old man was reportedly injured on July 28, 1988. The most recent progress note, dated July 29, 2013, indicates that there are ongoing complaints of neck and upper extremity pain as well as back pain radiating to the lower extremities. The injured worker complained of pain in the left shoulder, at this office visit, secondary to a fall that had trapped his left arm. He has a treatment history that includes a cervical epidural steroid injection at C2-3, C3-4, C4-5, and C5-6 bilaterally on July 29, 2011, August 26, 2011, and September 16, 2011. He underwent an L5-S1 and S1 lumbar transforaminal bilateral epidural injection in the lumbar spine on August 7, 2012, September 18, 2012, and October 12, 2012, with a reported 65-70% alleviation of his radicular complaints and benefit in mobility and overall functionality. It is noted at this visit the injured worker does not have good balance or safe gait due to his bilateral legs and knees. The pain medicine physician recommended braces for both knees. The injured worker's cervical spine and upper extremities were too sensitive to examine at this visit, including the mid back, but he was noted for exquisite tenderness over the lumbar paraspinal musculature, lumbar spine motion immediately painful and very restricted and hips with pain on weight bearing and motion. Diagnostic imaging studies of the right shoulder revealed a full thickness glenoid tear of the labrum as well as rotator cuff tendinopathy. An MRI the lumbar spine revealed a disc bulge with moderate facet arthropathy at L3 - L4, an anterolisthesis of L4 on L5, and facet arthropathy at L5 - S1. Also noted was an L1 vertebral body compression fracture. Previous treatment includes a cervical spine fusion. Medications at this visit included Vicodin ES 1 tab five times per day, Soma 350mg TID, Trazodone 50mg every bedtime and Gabapentin 400mg TID. The pain medicine physician reports, at this visit, that the injured worker is not in a condition to compete in the labor market.

The injured worker has a history of frequent falls. A request for one prescription for Soma 350mg #90 and was not medically necessary in the pre-authorization process on July 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Weaning of Medications.

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

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the request for one prescription for Soma 350mg #90 cannot be recommended as medically necessary.