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| Case Number: | CM14-0153882 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 11/24/1999 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 08/25/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 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 lumbar disc displacement with radiculopathy and lumbar spinal stenosis associated with an industrial injury date of 11/24/1999. Medical records from February 2014 to June 2014 were reviewed. Patient complained of low back dull and aching pain, rated 8/10 without medications, and 6/10 with medications and aggravated by activities such as back bending, lifting, and it is relieved with rest and medications. The low back pain is associated with radiating pain, numbness, and tingling to both lower extremities, more on the left side. Patient likewise complained of loss of sleep due to pain. Latest physical examination from progress notes dated 06/16/2014 showed tenderness and myospasm palpable over bilateral paralumbar muscles and palpable tenderness over sciatic notches. The straight leg raise test is bilaterally positive, causing low back pain radiating to posterior thigh upon 45 degrees of right or left leg raising. The Braggard's test is also bilaterally positive. There is decreased lumbar range of motion in all planes due to end range back pain. Treatment to date has included acupuncture, massage, paraspinal injections, and medications: Hydrocodone, Protonix, Gabapentin, Flurbiprofen/Gabapentin/Cyclobenzaprine cream, Tramadol/Gabapentin/Lidocaine cream and Soma 250mg for muscle spasm. Utilization review from 06/25/2014 modified the request for Soma 250mg tab #30 to Soma 250mg #15 to facilitate weaning over the next two months since long-term use of muscle relaxants is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 250mg #30, 1 tab daily at bedtime as needed: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available).

Decision rationale: As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Soma is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. Abuse has been noted for sedative and relaxant effects. Soma is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In this case, patient's date of injury was 11/24/1999. Progress notes dated 06/16/2014 noted that patient was prescribed Soma 250mg for muscle spasm. Subjective complaints included chronic low back dull and aching pain with radiation to lower extremities and physical examination findings of tenderness and myospasm over bilateral paralumbar muscles. However, it was not clear from the medical records provided when the patient started taking Soma. Soma is not indicated for long-term use; however, since findings are consistent with muscle spasms. Therefore, Soma 250mg tab #30 is medically necessary.