

Case Number:	CM14-0158803		
Date Assigned:	10/02/2014	Date of Injury:	11/01/2005
Decision Date:	12/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 66 year old female who was injured on 11/1/2005. She was diagnosed with headache, cervical disc disease, lumbar disc disease, and neuralgia/neuritis/radiculitis. She was treated with anti-epileptics, muscle relaxants, exercises, lumbar brace, and a cane, but continued to experience chronic pain. She at times would experience leg weakness, reporting falls due to this. The most recent progress note dated prior to the request date was from 7/31/14, when the worker was seen by her primary treating physician complaining of her not doing well with worse low back pain and bilateral leg pain and weakness as well as worse neck pain and persistent headaches. Physical findings revealed moderate to severe paralumbar muscle spasm. She was then given a Toradol injection. Later, a request was made for her to continue her Soma and Topamax as before.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab qid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, AND Carisoprodol, AND Weaning of Medications Page(s): 63-66, 29, 124.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. Carisoprodol metabolizes to meprobamate, a barbiturate, and may need to be weaned if the patient had been using it chronically, which should be individualized. In the case of this worker, regardless of the use of Soma, she was still experiencing muscle spasm and pain which was worsening. The request was for continuation of her chronic use of Soma, which is not an appropriate use of this medication. There was no evidence found in the notes provided for review demonstrating significant functional benefit with the Soma use, and therefore, continuation of the Soma is not medically unnecessary.