

Case Number:	CM14-0164893		
Date Assigned:	10/09/2014	Date of Injury:	04/30/2012
Decision Date:	11/10/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/07/2014

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 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:

This is a 57 year old male patient who sustained an injury on 4/30/2012. He sustained the injury while bending over at work. The current diagnosis includes lumbosacral sprain, neuralgia, lumbar intervertebral disc without myelopathy, thoracic sprain, spasm of muscle and cervicalgia. Per the doctor's note dated 8/11/14, patient had complaints of low back pain with radiation to the right buttock and right upper lateral thigh with tingling and numbness on the right side, left knee pain, and little chest pain. Physical examination revealed significant right antalgia, cervical spine- positive foraminal compression bilaterally, positive shoulder depression bilaterally; positive left knee varus test; lumbar spine- positive kemp test, positive soto hall, positive staight leg raise test at 60 degrees on the left and at 50 degrees on the right, decreased lumbar spine and left knee range of motion. The current medication list includes Zantac, Soma and Lisinopril. He has undergone appendectomy in 1981, removal of the lipoma from the right hand and anal fistula; arthroscopy of right knee with medial meniscal debridement; arthroscopy of left knee with medial meniscal debridement on 9/5/14. He has had lumbar spine X-rays on 5/2/12, 5/21/12 and 6/26/13; lumbar spine MRI dated 6/27/12 which revealed relative central spinal stenosis at the L3-L4 level and small posterior central disc protrusion at the L5-S1 level without significant central spinal stenosis; lumbar spine X-rays dated 10/6/14 which revealed mild degenerative changes with anterior osteophytic spurring, intervertebral disc height loss at L4-5 and L5-S1 and associated mild to moderate osseous neural foraminal narrowing. He has had lumbar epidural steroid injections on 10/16/12 and 1/23/13. Per the notes dated 6/26/13, "He has been prescribed Norco and Soma but does not like the way it makes him feel so he does not take it."

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, three times a day as needed, quantity 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29,47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma),Muscle relaxants (for pain) Page(s): 29,64.

Decision rationale: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." The California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications."The CA MTUS chronic pain guidelines do not recommended soma for long term use. The need for Soma muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Consistent documentation of the presence of muscle spasms is not specified in the records provided. The medical necessity of Soma 350 mg, three times a day as needed, quantity 45 is not established in this patient at this time. The request is considered not medically necessary.