

Case Number:	CM14-0020794		
Date Assigned:	04/30/2014	Date of Injury:	12/13/2001
Decision Date:	08/04/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 58-year-old male who has submitted a claim for chronic low back pain, chronic right L5 and S1 radiculitis, moderately severe spinal stenosis at L3-4 and L4-5, lumbar spondylosis, lumbar degenerative disc disease, chronic pain syndrome, and status post lumbar laminectomy, all associated with an industrial injury date of December 13, 2001. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 1/15/14, showed continued low back pain described as aching with occasional stabbing on the right side. He experienced mild right lower extremity aching. The pain scale was 10/10 without medications and 4-5/10 with medications. The pain was aggravated by prolonged sitting or walking, but was relieved by sitting and lying down. Physical examination revealed tenderness along the sciatic notches and sacroiliac joints. There was tenderness over the paraspinal muscles associated with muscle spasms and myofascial restrictions. The gait was antalgic. Straight leg raise test produced low back pain bilaterally with no radicular symptoms. Treatment to date has included L3-4 and L4-5 laminectomy and bilateral partial facetectomy in November 2013, epidural steroid injection, and medications, including Soma since November 2013.

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
Page(s): 65.

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

Decision rationale: As stated on pages 29 and 65 of the California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant. It is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, the patient has been using Soma as early as November 2013, which is beyond the recommended 2 to 3 week period. Furthermore, patient is also on Norco, which is not recommended to be used in conjunction with Carisoprodol as it has a high potential for abuse. There is no discussion regarding continued use of Soma. Therefore, the request is not medically necessary.