

Case Number:	CM14-0074640		
Date Assigned:	09/18/2014	Date of Injury:	02/18/2005
Decision Date:	10/31/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/22/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 40-year-old female who reported an injury on 02/18/2005. The injury reportedly occurred when she walked under a conveyer and raised up her head and hit it on the device. The injured worker's diagnoses included fibromyalgia, cervical degenerative disc disease, lumbar degenerative disc disease, and multiple joint pains. The injured worker's past treatments included physical therapy, stretching and strengthening, and medications. The injured worker's most recent diagnostic testing included an MRI of the cervical and lumbar spine dated 05/20/2013; it was noted to reveal mild bilateral facet degenerative changes at multiple levels. The MRI of the cervical spine was noted to reveal mild neural foraminal narrowing due to hypertrophy at the C3-4 level, minimal left foraminal narrowing at the C2-3 level, and moderate right foraminal narrowing due to facet degenerative changes at the C4-5 level. There were no relevant surgeries documented. On 04/11/2014, the injured worker complained of neck and shoulder pain, low back pain, and multiple joint pains. She rated her pain a 7-9/10 on a pain scale. She reported that all of her daily activities were limited secondary to pain, in particular any activity involving the use of the head, neck, and shoulders. She complained of difficulty sleeping at night secondary to pain. She also complained of memory loss. Upon physical examination, the injured worker was noted with mild tenderness to the mid line of the cervical, thoracic, and lumbar spine. Her motor strength was a 4/5 in all muscle groups to the upper and lower extremities. The injured worker's medications included oxycodone IR 15 mg, OxyContin 30 mg, Soma 350 mg, Lunesta 3 mg and Klonopin 1 mg. The request was for Soma 350 mg for spasm. The Request for Authorization form was signed and submitted on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation GOODMAN AND GILMANS THE PHARMOLOGICAL BASIS OF THERAPUTICS; [HYSICIANS DESK REFERENCE; ACOEM

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

Decision rationale: The California MTUS Guidelines state that Soma is not recommended. This medication is not indicated for long term use. Carisoprodol is now scheduled in several states, but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for its sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes as a combination with hydrocodone, an effect that some abusers claim is similar to heroine, or as a combination with codeine. Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Soma is recommended for no longer than a 2-3 week period. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. The injured worker was documented to have been taking Soma since at least 11/2013, the guidelines do not recommend us for greater than 2-3 weeks. The injured worker reported a pain of 7-9/10. The documentation did not provide sufficient evidence of the efficacy of the medication for the patient to include an increase in functional status and a decrease in pain. In the absence of documentation with sufficient evidence of significant objective functional improvement and an objective decrease in pain, the request is not supported. Additionally, the adverse effects in particular with use of other drugs is not recommended per the guidelines. Furthermore, as the request was written, there was no frequency provided. Therefore, the request is not medically necessary.