

Case Number:	CM14-0085769		
Date Assigned:	07/23/2014	Date of Injury:	11/22/2004
Decision Date:	09/23/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 and is licensed to practice in Illinois. 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 59 year old female with a reported date of injury on 11/22/2004. The mechanism of injury was lifting. The injured worker's diagnoses included arthritis, back pain, depression, lumbago, lumbosacral spondylosis without myelopathy, post laminectomy syndrome of lumbar region, myalgia and myositis. The injured worker had past treatments including trigger point injections left and right lumbar paraspinal x 3 and left lumbar paraspinal muscle x 3 on 02/12/2014, trigger point injections x 6 on 04/29/2014 to bilateral lumbar paraspinal muscles, physical therapy, and medications. The injured worker underwent diagnostic testing in the form of lumbosacral x-rays with flexion and extension on 09/26/2011, an MRI of the lumbosacral spine on 09/26/2011, and a lumbar spine MRI on 03/22/2013, and a urine drug screen collected on 04/10/2014 was positive for diazepam, hydrocodone/apap, temazepam and their derivatives which was consistent with the prescribed medication regimen. The injured worker's surgical history includes L3-4 fusion in 11/2009. The injured worker was seen for a periodic clinical visit on 02/12/2014 where she complained of lumbar muscle spasms due to trigger point injections only lasting approximately 2 weeks, lumbar pain that radiated down the posterior aspect of her right leg, reported pain relief of 70 percent with medication. On 03/06/2014 the injured worker complained of constant low back pain that radiated to her right lower extremity and pain relief with medication was 60 percent. The injured worker was evaluated at a clinical visit on 05/03/2014 where she complained of increased low back pain radiating to lower extremities and reported 0 percent pain relief with medication or treatment. The injured worker was seen for follow up on 05/27/2014 and complained of low to mid back and leg muscle pain, reported low back pain was significantly relieved with monthly trigger point injections and attempt at gabapentin weaning was unsuccessful due to back pain at night, pain measurement at visit was 4/10, 7/10 the week prior to visit, and pain relief with medication or treatment approximately 60-

70 percent the week prior to visit. The clinician observed and reported non antalgic gait with ability for heel and toe raise and tenderness to palpation of bilateral paraspinal muscles with trigger points identified and tender to palpation of right thoracic region, but did not include range of motion measurements. The injured worker's medications included nortriptyline 50 mg daily, Zoloft 100 mg daily, Norco 325 mg-10mg 1-2 tablets every 4 hours as needed for pain, Soma 350 mg 1 every 8 hours as needed for muscle spasms, temazepam 30 mg (frequency not provided), and gabapentin 300 mg 1 three times per day. The request is for Soma 350 mg #30. No rationale was provided. Request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Soma 350 mg # 30 was not medically necessary. The injured worker has chronic low back pain. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend carisprodol (Soma) as this medication is not indicated for long term use and increases the sedation effects of benzodiazepines. The injured worker has been prescribed Soma since at least 02/2013. The continued use of Soma would exceed the guideline recommendation for a short course of treatment. In addition, the injured worker was taking temazepam which is a benzodiazepine and Soma may increase the sedation effects when taken together. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Soma 350 mg #30 was not medically necessary.