

Case Number:	CM14-0099822		
Date Assigned:	07/28/2014	Date of Injury:	09/04/2001
Decision Date:	10/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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:

The patient is a 59-year-old female who has submitted a claim for spontaneous aggravation of bilateral lumbar radiculopathy; cervical strain, right cervical radiculopathy; bilateral shoulder strain; bilateral hip pain; and muscle contraction/post traumatic headaches associated with an industrial injury date of September 4, 2001. Medical records from 2008 through 2014 were reviewed, which showed that the patient complained of persistent low back pain with radiation to the right leg. Physical examination revealed antalgic gait, decreased right shoulder moderate paralumbar muscle spasm, decreased lumbar range of motion, positive straight leg raise test, mildly positive Lasegue's test, slight tenderness and spasm of the paracervical muscles, decreased cervical spine ROM, positive Spurling's sign, tenderness of both shoulders, slight to moderately positive impingement test, and decreased shoulder ROM. Electrodiagnostic study was positive for right L5 radiculopathy. MRI of the lumbar area showed evidence of bulges at L4-5 and ligamentum flavum hypertrophy at L3-4. MRI of the cervical area showed 4mm disc protrusion at C4-5 as well as minimal bulges at C3-4, C5-6 and C6-7. Treatment to date has included opioid medications, Lyrica, Soma, Elavil and topical creams. Utilization review from June 24, 2014 modified the request for Soma 350 MG to Soma 350mg up to #10 between 6/4/2014 and 8/12/2014 because the patient had been using the medication since at least 2006 without any objective evidence that it had been providing any benefit and the guidelines do not support long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol (Soma), Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available)
Page(s): 65.

Decision rationale: As stated on pages 29 and 65 of California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. In this case, the patient presented with muscle spasms in the cervical and lumbar area. A progress report dated 1/22/08 noted that the patient had been on Soma since 2006. More recent progress reports including that of June 5, 2014 indicated that the patient was still on Soma. However, there was no objective evidence that the patient derived any benefit from the medication as she still had spasms. The guideline does not support use of more than 3 weeks. The medical necessity has not been established. Moreover, the quantity of pills was not specified in the current request. Therefore, the request for Soma 350mg is not medically necessary.