

Case Number:	CM13-0062209		
Date Assigned:	12/30/2013	Date of Injury:	11/20/1997
Decision Date:	01/28/2015	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 injured worker is a 50 year-old male with an original date of injury on 11/20/1997. The industrially related diagnoses are failed lower back surgery syndrome, spinal fusion status post partial fusion at L4-S1, external sphincter bladder dyssynergia, cervical sprain/ strain, and chronic high opiate usage. A CT myelogram of lumbar spine dated 4/19/2012 showed post-operative changes consistent with hardware, partial fusion of graft at L4-5, L5-S1. An electromyogram from 1/18/2012 showed chronic mild denervation of bilateral C5-C7. An MRI of lumbar spine dated 5/14/2013 indicated degenerative joint disease and facet arthropathy L1-2, and L3-4, post op changes L4-5, L5-S1 with neuroforaminal narrowing right L3-L4, L4-5, and left L5-S1. Medications to date include oxycodone 15mg four times daily, Oxycontin 30mg twice daily, Elavil, Xanax, Soma, Wellbutrin, and Baclofen. The patient was started on Baclofen to help wean off Soma, however, no efforts of weaning is described in the progress notes provided. The disputed issue is the request for refill of Soma A utilization review dated 11/21/2013 has non-certified this request. The stated rationale for denial was, given the long duration of use and lack of clinical information regarding actual use of medication and side effects from medication, including "feeling sleepy" from taking Soma, the medication was non certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Several progress notes dated from 5/13/2013 to 9/5/2013 showed the provider has been trying to wean the patient off of Soma with Baclofen. However, during this time, the patient has had 4 refills of Soma and Baclofen without evidence of weaning. There is no identification of a specific analgesic benefit or objective functional improvement as a result of Soma. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.