

Case Number:	CM14-0189459		
Date Assigned:	11/20/2014	Date of Injury:	01/19/2010
Decision Date:	09/23/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70 year old male with an industrial injury dated 01-19-2010. The injured worker's diagnoses include acquired spondylolisthesis, lumbar spondylosis with myelopathy, disorder of sacrum, arthralgia of the pelvic region and thigh, cervical spondylosis without myelopathy, brachial neuritis and nonunion of fracture. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 10-29-2014, the injured worker presented for follow up evaluation regarding ongoing cervical and lumbar pain. The injured worker reported cervical pain with radiation into the left trapezius, forearm and hand with associated numbness and tingling in fingers and forearm on the left. The injured worker also reported low back pain radiation to the right buttock, thigh, and lateral right ankle pain. Objective findings revealed no erythema, swelling, deformity or tenderness of the cervical and lumbar spine. The treatment plan consisted of computed tomography scan, right sacroiliac (SI) joint fusion, and repeat right sacroiliac (SI) injection. The treating physician prescribed Soma 350 MG Qty 60, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use for this 2010 injury. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma 350 MG Qty 60 is not medically necessary or appropriate.