MAXIMUS Federal Services

Case Number:	CM14-0193910		
Date Assigned:	12/01/2014	Date of Injury:	05/09/2002
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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:

This is a 53 years male patient who sustained an injury on 5/9/2002. The current diagnoses include cervicalgia, cervical postlaminectomy syndrome, cervicocranial syndrome, thoracic/lumbosacral neuritis, lumbosacral intervertebral disc degeneration and lumbago. Per the doctor's note dated 10/21/2014, he had complaints of neck pain, right arm pain with numbness, bilateral shoulder pain and low back pain and poor sleep quality. The physical examination revealed limited active range of motion and paraspinal tenderness in lumbar, thoracic and cervical spine. The medications list includes Ambien CR, Baclofen, Limbrel, Lyrica, OxyContin, Percocet, Relpax, Senokot-S, Xanax and Zofran. He has had lumbar MRI dated 6/6/11 which revealed multilevel disc bulge; cervical MRI dated 5/2/11 which revealed presence of fusion at C5-6 level. He had undergone right shoulder arthroscopy and cervical fusion at C5-6 in 2/2007. He has had lumbar epidural steroid injections and cervical median branch radiofrequency ablation for this injury. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Carisoprodol

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Muscle relaxants (for pain) Page(s): 29, 64.

Decision rationale: According to California MTUS, Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications."The CA MTUS Chronic Pain Guidelines do not recommended Soma for long term use. The need for Soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Evidence of muscle spasm is not specified in the records provided.The medical necessity of Soma 350mg quantity 60 is not established in this patient at this time.