

Case Number:	CM14-0196355		
Date Assigned:	12/03/2014	Date of Injury:	01/13/2007
Decision Date:	01/31/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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 Practice 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 30-year-old male who sustained an industrial injury on 01/13/07 while transferring merchandise. The patient's subjective complaints consisted of bilateral low back pain radiating into bilateral buttocks and lower extremities. The medications he was given consist of Metoprolol, Wellbutrin, Ativan, Norco, Soma, Opana ER, Adderall, and Prozac. He reported 80 percent relief of right lower extremity pain since the 02/06/14 repeat fluoroscopically guided right L4-L5 and right L5-S1 lumbar transforaminal epidural steroid injection. The lumbar MRI results showed L5-S1 moderate disc degeneration with 3-5 mm bulge/osteophyte and central protrusion causing moderate central canal stenosis (50%) and moderate bilateral foraminal stenosis, unchanged since prior 12/23/10 MRI. L4-L5 mild central canal stenosis (30%) and bilateral foraminal narrowing due to broad central 3 mm disc protrusion and mild facet arthropathy, unchanged. The patient was reevaluated and examined by the treating physician on 02/10/14, 03/10/14, 04/07/14, 05/22/14, 06/19/14, 07/17/14, 08/14/14, 08/29/14, and 10/10/14. At each visit with the treating physician, the objective findings upon examination were similar, noting lumbar range of motion being restricted by pain in all directions; lumbar discogenic provocative maneuvers were positive, and mention of bilateral sacroiliitis. There was mention of strength deficit 4+/5 in the left extensor hallucis longus, right gastroc soleus, and right tibialis anterior, and 5-/5 strength in the left gastroc soleus; otherwise, the examination was unremarkable. Soma was ordered on 08/14/14 by the treating physician despite the lack of mention or complaints of spasms by the patient. The California MTUS did not recommend Soma, noting it was not intended for long-term use, particularly when used in conjunction with opioids due to its sedative and relaxant effect that some abusers refer to as a "Las Vegas Cocktail" and gives the effect similar to heroin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, 1 tab three times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 500, Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 29, 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Soma 350 mg

Decision rationale: Guidelines state that muscle relaxants are recommended for short-term for acute spasms of the lumbar spine. It was shown to be more effective than placebo in the management of back pain, but the effect is modest and comes with greater adverse effects. It is appropriate for patient to discontinue this medication as it is not indicated for long term use and there are no spasms shown in most recent progress note. Therefore, this request is not medically necessary.