

Case Number:	CM15-0105139		
Date Assigned:	06/09/2015	Date of Injury:	05/15/2012
Decision Date:	07/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 was a 63-year-old male, who sustained an industrial injury, May 12, 2012. The injury was sustained when the injured worker tripped over a mop at work. The injured worker previously received the following treatments physical therapy, Soma, random laboratory studies, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities, lumbar spine MRI, Fentanyl, Hydromorphone, Lidocaine, Dexamethasone, Ondansetron, Gabapentin, Tramadol, Edluar, hot and cold packs. The injured worker was diagnosed with thoracic spine degenerative joint disease and degenerative disc disease, lumbar spine degenerative joint disease and degenerative disc disease. According to progress note of March 2, 2015, the injured workers chief complaint was back pain and mid back pain. The injured worker rated the pain as moderate. There was radiation of pain into both lower extremities. The aggravating factors were lifting, bending and standing. The physical exam noted tenderness at L4-L5 with paraspinal spasms on the right and left. There were trigger points at L4, L5 and sciatic right, lumbar paraspinal L4, L5 right side and lumbar paraspinals L4, L5 and left side. The range of motion was reduced by 75%. The sensory exam was normal. The motor exam was abnormal due to weakness in the calf. The straight leg raises were positive on the right. The injured worker walked with a normal gait. The treatment plan included a prescription for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for a long time without any evidence of functional improvement. There is no justification for prolonged use of Soma. Therefore, the request for SOMA 350 mg #90 is not medically necessary.