

Case Number:	CM15-0019754		
Date Assigned:	02/09/2015	Date of Injury:	10/14/2009
Decision Date:	04/06/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Arizona

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 59-year-old female, who reported an injury on 10/15/2009 and was diagnosed with a sprain of the spine after slipping and falling on a wet floor. The injured worker experienced immediate pain in her neck and lower back. She was assessed with left elbow post-traumatic lateral epicondylitis; lumbar sprain with herniated lumbar discs and bilateral mild sciatica; impingement syndrome of the left shoulder; rule out rotator cuff tear; cervical sprain with left cervical radiculitis; and status post posterior cervical surgery for Arnold-Chiari syndrome. Her medication regimen included Soma, Vicodin and Tramadol. Naprosyn and Prilosec were prescribed. The injured worker has used anti-inflammatories as a first line analgesic agent for low back pain. She was again evaluated in 2013 for continued stiffness in her neck, lower back, and pain on the outside of her right knee when she attempted to do any squatting. At that point, she was assessed with a rotator cuff tear, chondromalacia patella, cervical radiculitis, back sprain. Motrin (800 mg) and Soma (350 mg) were prescribed, upon which she returned to full duty. The injured worker continued with stretching exercises, use of ice packs, and a home exercise therapy program. A TENS unit was recommended. The constant slight pain in her neck was associated with radicular pain into the left arm, and an intermittent occasional right sided headache. The injured worker also complained of slight to moderate pain in her lower back radiating to the bilateral legs associated with numbness in the upper and lower aspect of the bilateral legs described as pins and needles. The injured worker also had intermittent, slight to moderate pain in the left shoulder, reported intermittent slight to moderate pain in the knees (right greater than the left), which was associated with occasional swelling and

giving way when going down the stairs. On physical exam during the 04/03/2013 visit, the injured worker was assessed with injuries that were considered permanent and stationary and had reached the Maximum Medical Improvement factors for disability of the lumbar spine, cervical spine, and right knee. Objective factors included magnetic resonance imaging scan of the lumbar spine resulting in L4-5 a 2 mm posterior disc bulge and a 4 mm right intraforaminal disc protrusion with right sided posterior vertebral osteophytes and mild right foraminal stenosis. Objective factors for disability of the knee included a torn lateral meniscus. On examination of the cervical spine, a decreased range of motion to the right side was lacking 15 degrees with slight pain on terminal rotation. The current request is for Soma 350mg.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma).

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

Decision rationale: The medication requested is not indicated for long term use. Soma is a commonly prescribed centrally acting skeletal muscle relaxant, whose primary active metabolite is meprobamate. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety and abuse has been noted for sedative and relaxant effects. There is little research in terms of weaning of high dose Carisoprodol, and there is no standard of treatment regimen for patients with known dependence. The injured worker was noted to have been taking Soma since 2008. Since the medication is not indicated for long term use, medical necessity is not supported.