

Case Number:	CM15-0130210		
Date Assigned:	07/16/2015	Date of Injury:	04/07/2013
Decision Date:	09/10/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/06/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 43 year old female, who sustained an industrial injury on 04/07/2013. She reported a sharp pain in her low back that radiated to her left thigh. She gradually developed pain into both lower extremities. Treatment to date has included medications, 16 physical therapy sessions, massage therapy, electrical stimulation, trigger point injections and epidural injections. According to a progress report dated 06/19/2015, the injured worker continued to complain of continuous low back pain that presented with a stabbing, radiating, throbbing, burning quality. She also continued to have bilateral hip pain that presented with a stabbing, burning quality. Physical examination wasn't performed because an epidural steroid injection had been done that morning. Diagnoses included lumbar herniated nucleus pulposus and bilateral hip bursitis. The injured worker remained temporarily totally disabled. Medications were renewed and included Norco, Soma, Gabapentin and Diclofenac. According to an initial comprehensive orthopaedic qualified medical examination report dated 07/01/2015, the injured worker described low back pain as a sharp aching, cramping, stabbing burning pain with associated pins and needles. Pain was constant and severe. Left-sided and right-sided hip pain was described as sharp, aching, cramping, burning and shooting. Pain was rated 8 on a scale of 0-10. It was a 10 at its worse and a 5 at its best. Current medications included Norco 10/325 mg three times a day, Gabapentin 1200 mg at night, Soma 350 mg as needed and Flexeril 15 mg at night. Currently under review is the request for Soma 350 mg #60. Records submitted for review date back to 02/06/2015. The injured worker's medication regimen has included Soma since that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29, 63.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.