

Case Number:	CM15-0136040		
Date Assigned:	07/24/2015	Date of Injury:	12/12/2006
Decision Date:	09/03/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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 48 year old female injured worker suffered an industrial injury on 12/12/2006. The diagnoses included lumbar discopathy with disc replacement, lumbar radiculopathy, right sacroiliac arthropathy and lumbar fusion. The diagnostics included lumbar computerized tomography. The treatment included spinal surgeries and medications. On 6/19/2015 the treating provider reported complaints of residual pain over the right sacroiliac joint with swelling. She reported the medication does not completely alleviate all of the pain but makes her pain at least tolerable. On exam there was tenderness over the right sacroiliac joint with spasms and decreased range of motion secondary to pain and stiffness. The straight leg raise was positive. The injured worker had not returned to work. The requested treatments included Soma 350mg #90.

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 Muscle relaxants, Soma Page(s): 63-65.

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. This medication was started on 4/20/2015 for muscle spasms. The use of this medication exceeded the recommended time limit with no evidence of improvement. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.