

Case Number:	CM15-0137070		
Date Assigned:	07/27/2015	Date of Injury:	11/14/1996
Decision Date:	08/27/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/15/2015

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 female, who sustained an industrial injury on 11/14/96. The injured worker was diagnosed as having left lumbar radiculopathy, low back pain, status post L4-5 lumbar laminectomy and discectomy with postoperative fibrosis, status post L4-5 discectomy with posterior fusion, failed trial of spinal cord neurostimulation and lumbar core-pelvis weakness and instability. Treatment to date has included lumbar fusion, physical therapy, home exercise program, oral medications including Methadone 10mg, Norco 10/325mg, Soma 350mg, Baclofen 20mg, Senokot-S, Zolpidem 5mg and Lactulose 2 tablespoons; lumbar laminectomy and discectomy and activity restrictions. Currently on 5/12/15, the injured worker reports her back pain has decreased and is currently rated 7/10, controlled with methadone 10mg (7 per day) and Norco (6 per day). Physical exam performed on 5/12/15 revealed slow, hesitant gait, restricted lumbar range of motion and decreased sensation to light touch on left posterolateral leg and left foot. The treatment plan included continuation of oral medication including Methadone 10mg, Norco 10/325mg, Soma 350mg, Baclofen 20mg, Senokot-S, Zolpidem 5mg and Lactulose 2 tablespoons.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity four times a day quantity 360: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. In this case, the injured worker has utilized Soma since at least 12/17/14. Documentation noted improvement in pain with opioids; however, improvement in pain with Soma is not documented. Medical necessity for the requested medication has not been established. The request for Soma is not medically necessary.