MAXIMUS Federal Services

Case Number:	CM15-0137808		
Date Assigned:	07/27/2015	Date of Injury:	08/28/2006
Decision Date:	09/24/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on 08/28/2006. She reported an injury to her back. She was also noted to have a repetitive type injury that accumulated over the years. Treatment to date has included medications, aqua therapy, physical therapy, TENS, home exercise, massage, facet joint injection and total knee replacement. According to the most recent progress report submitted for review and dated 07/01/2015, the injured worker had a history of low back pain in a facet osteoarthritic setting. She pain level was rated 2-5 on a scale of 1-10 with medications and 5-8 without medications. She reported that she was continuously having back pain and bilateral hip pain and might need a cane. Chronic pain medication regimen, activity restriction and rest continued to keep pain within a manageable level to allow her to complete necessary activities of daily living such as walking, shopping and light household chores. Current medications included Flexeril, Ibuprofen and Norco. Past medication list include Soma, Norco, Opana and Prilosec. Physical examination of the cervical spine demonstrated continued muscle spasms with tenderness and tightness, 10% restriction on all planes and positive Spurling. Examination of the lumbar spine demonstrated severe pain with movement at the lumbosacral area. She was 10% restricted with flexion, unable to extend and 37% restricted with lateral bending. Straight leg raise was negative bilaterally. Medications attached to the encounter, but noted as not prescribed this visit, included Norco and Soma. An authorization request dated 07/01/2015 was submitted for review. The services requested included Norco 10/325 mg 1 by mouth twice a day #60 and Soma 350 mg 1 by mouth every bedtime #30. Diagnoses included cervical degenerative disc disease and lumbar degenerative

disc disease. Currently under review is the request for 1 prescription of Soma 350 mg #30. Records submitted for review show that the injured worker had been taking a muscle relaxant dating back to 11/26/2014. The patient's surgical history includes knee arthroscopy in 2007, and partial knee replacement in 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Carisoprodol (Soma) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 and Muscle relaxants, page 63 Carisoprodol (Soma) Page(s): 9, 63-65.

Decision rationale: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines,"Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety". California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications". California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations in chronic pain. Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The date of injury for this patient is in 2006. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore; as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The medication list includes Flexeril which is a muscle relaxant. Rationale for adding another muscle relaxant Soma was not specified in the records specified. Therefore the medical necessity of prescription of Soma 350mg #30 is not fully established for this patient and therefore is not medically necessary.