Case Number:	CM15-0140178		
Date Assigned:	07/30/2015	Date of Injury:	10/07/1994
Decision Date:	09/23/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/20/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 sustained an industrial injury on 10-07-1994. The results and mechanism of injury were not mentioned. Treatment provided to date has included: lumbar laminectomy (1994); left wrist surgery; physical therapy; aquatic therapy; medications (Vicodin ES, tramadol HCL, Pyridium, Soma, Mobic, Singulair, Finacea, Tretinoin Doxycycline hyclate, vitamin D, calcium, and Centrum Silver); and conservative therapies and care. There was no diagnostic testing results available for review. Comorbidities included frequent urinary tract infections, spina bifida occulta, rotoscoliosis, and skin cancer. There were no other dates of injury noted.On 03-18-2015, physician progress report noted complaints of low back discomfort. No pain rating or description of pain was mentioned. Additional complaints included arthralgia and spasms. Current medications include Vicodin ES, tramadol HCL, Pyridium, Soma, Mobic, Singulair, Finacea, Tretinoin Doxycycline hyclate, vitamin D, calcium, and Centrum Silver. The physical exam revealed a mildly distressed appearance, stable lumbar range of motion with decreased pain .at the end ranges, decreased left lumbar paraspinal and decreased sacroiliac point tenderness, well healed lumbar incision, straight leg raises result in some left low back pain, absent left Achilles tendon reflex, and continued mild point tenderness over the left lateral hip. The provider noted diagnoses of lumbosacral strain, dysfunction of the Eustachian tube, non-toxic multi-nodular goiter, head and neck swelling, disorder of oral soft tissues, osteochondropathy, urethral stricture, and lumbar post-laminectomy syndrome. Plan of care includes follow-up in 3 months and refill on tramadol. The injured worker's work status

remained disabled and not working. The request for authorization and IMR (independent medical review) includes: Soma 350mg 3 times daily and Mobic 7.5mg twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. In the case of Soma, a further consideration is the potential for abuse and dependence, as Soma has been shown to be riskier in this regard than some other muscle relaxants. Within the documentation available for review, there is no identification of a specific objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested carisoprodol (Soma) is not medically necessary.

Mobic 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Mobic, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Mobic is providing any specific analgesic benefits, or any objective functional improvement. Given this, the current request is not medically necessary.