

Case Number:	CM15-0143440		
Date Assigned:	08/04/2015	Date of Injury:	01/02/2014
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/23/2015

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

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 35-year-old male who sustained an industrial injury on 1-2-14. He had complaints of low back pain. Progress report dated 5-27-15 reports continued complaints of lower back pain. The pain goes up to 10 out of 10 and is sometimes unbearable causing difficulty sleeping. Medication helps to relieve the pain bringing the level down to 7 out of 10. He had an allergic reaction to tizanidine. He felt dizzy, lightheaded and he could not breathe. Diagnoses include: lumbar strain, lumbar radiculitis, lumbar disc protrusion and anaphylactic reaction to tizanidine. Plan of care includes: 12-panel urine drug screen performed, discontinue tizanidine and give prescription of Soma 350 mg 1 at bedtime, #30, refill Norco and terocin and continue home exercise program. Work status: return to modified work duties as of 5-27-15 with restrictions of no repetitive bending, twisting, stooping, no lifting greater than ten pounds and take five minute breaks every 60 minutes for stretching and no prolonged driving. Follow up in 4-5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Anti-spasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic January 2014 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma 350mg #30 is not medically necessary and appropriate.