

Case Number:	CM15-0147198		
Date Assigned:	08/10/2015	Date of Injury:	04/05/2012
Decision Date:	09/24/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/29/2015

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 34 year old male who sustained an industrial injury on 4-5-12. The injured worker was diagnosed as having low back pain, chronic bilateral L5-S1 radiculitis, lumbar disc pain, disc protrusion at L5-S1, chronic pain syndrome and neck pain. Currently, the injured worker reported neck and low back pain. Previous treatments included physical therapy, chiropractic treatments, oral pain medication, proton pump inhibitor, epidural steroid injection, proton pump inhibitor, rest and home exercise program. Previous diagnostic studies included electromyography and nerve conduction velocity study, cervical and lumbar magnetic resonance imaging. Work status was noted as working full time. The injured workers pain level was noted as 7 out of 10 without medication use and 5 out of 10 with medication use. Physical examination was notable for sciatic notches and paraspinals tenderness to palpation, straight leg raise slightly positive on the left, limited range of motion in all fields. The plan of care was for Soma 350 milligrams quantity of 60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 with 1 refill: 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 (for pain) Page(s): 63-66.

Decision rationale: The current request is for Soma 350mg #60 with 1 refill. The RFA is dated 07/08/15. Previous treatments included physical therapy, chiropractic treatments, oral pain medication, proton pump inhibitor, epidural steroid injection, proton pump inhibitor, rest and home exercise program. The patient is working full time. MTUS Chronic Pain Guidelines under Muscle relaxants (for pain) pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per report 07/08/15, the patient reported neck and low back pain. Physical examination was notable for sciatic notches and paraspinals tenderness to palpation, straight leg raise slightly positive on the left, limited range of motion in all fields. The plan of care was for Soma 350 milligrams quantity of 60 with 1 refill. It is unclear when this medication was initiated. Although it is evident that this patient suffers from chronic muscle spasms, MTUS Guidelines supports the use of these types of muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. The current request is for #60 with one refill. The request exceeds what is recommended by MTUS, and the request IS NOT medically necessary.