

Case Number:	CM15-0147581		
Date Assigned:	08/11/2015	Date of Injury:	05/07/2011
Decision Date:	09/14/2015	UR Denial Date:	07/02/2015
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: 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 43 year old male, who sustained an industrial injury on 5-7-11. He reported low back pain while lifting floor tiles. The injured worker was diagnosed as having displacement of lumbar disc without myelopathy, degeneration of lumbar discs, lumbar radiculitis-radiculopathy and long term use of medications. Treatment to date has included oral medications including Vicoprofen and Soma, physical therapy, chiropractor, home exercise program, pain management and transcutaneous electrical nerve stimulation (TENS) unit. Currently on 6-18-15, the injured worker reports pain in lower back with radiation down the right lower extremity, described as dull, sore, aching, radiating, penetrating, shooting, tight, pricking, pinching and sharp; rated 5 out of 10. He also complains of difficulty sleeping. Work status is modified duties. Physical exam performed on 6-18-15 revealed no abnormalities. A request for authorization was submitted for Vicoprofen 7.5-200mg and Soma 250mg on 6-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 250mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Antispasmodics: Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Soma Page(s): 63, 29.

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. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.