

Case Number:	CM15-0148685		
Date Assigned:	08/11/2015	Date of Injury:	06/14/2012
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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: Massachusetts

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 43 year old male who sustained an industrial injury on 6-14-12. Diagnoses are status post anterior cervical discectomy and fusion at C5-C6 and C6-C7, right C8 radicular symptoms, and lumbar pain with facet involvement. In a progress evaluation dated 5-12-15, the secondary treating physician notes he is status post cervical epidural steroid injection on 4-20-15 and that it made very little improvement in overall neck pain. He complains of neck pain that causes significant headaches and pain radiating into his upper extremities on the right down into the hand. The mid back continues to be stiff and painful and the low back continues to radiate into the hips and down the left lower extremity to the toes. Current medication reduces his pain from 8+ out of 10 to 3-4 out of 10 and allows him more activities of daily living. He tried Tizanidine but did not think it was as useful as Soma. CURES was done on 3-11-15, an opioid agreement is on file and an opioid risk agreement was graded as 0 which constituted a negative screening. With medication he is able to sleep up to 3 hours and walk short distances up to 15 minutes. There is tenderness in the cervical paraspinal musculature extending into the trapezius bilaterally. Range of motion is restricted and guarded. There is hyperesthesia along the right C8. He continues to have significant tenderness with slight spasms in the low back and hypoesthesia along the lateral aspect of the leg and down into the foot. Work status is noted as permanent and stationary. The treatment plan is to discontinue Tizanidine, prescribe Soma 350mg every 8 hours #90, Norco #100, Lyrica #90, Ibuprofen #90 and perform a random urine drug screen. The requested treatment is Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), p29.

Decision rationale: The claimant sustained a work-related injury in June 2012 and is being treated for neck pain. When seen, there had been little improvement after a cervical epidural steroid injection. Soma had been switched to tizanidine but it was not as helpful. There was cervical paraspinal muscle and trapezius tenderness. There was decreased cervical range of motion. There was lumbar tenderness with slight spasms. There was decreased left lower extremity sensation extending to the foot. Soma was prescribed again. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.