

Case Number:	CM15-0148828		
Date Assigned:	08/11/2015	Date of Injury:	01/13/2007
Decision Date:	09/14/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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 30 year old male who sustained an industrial injury on January 13, 2007. A new consultation visit dated April 28, 2015 reported subjective complaint of pain in the lower back and bilateral legs ongoing for the past 8 years. Treatment to date included: physical therapy, medications, epidural injection and medications for other providers. The clinical impression found the worker with chronic low back pain; bilateral leg pain with chronic back pain with occasional to intermittent leg pain aggravation, central L5-S1 disc protrusion with radiculitis bilaterally, mild disc bulge at L4-5 with associated comorbidities. The plan of care noted following up with consultations regarding medications; continue home exercise program; undergo administration of epidural injection for leg pain; visit with dietician and remote consideration for future surgical intervention. He has already been made permanent and stationary. A primary treating follow up dated November 07, 2014 reported bilateral back pain radiating into bilateral buttocks, and lower extremity. He reports increased lumbar pain. The worker is also reconsidering lumbar spine surgery. Current medications were: Metoprolol Succinate, Wellbutrin, Ativan, Norco 10mg 325mg, soma, Opana ER, Adderall, and Prozac. Prior medications consisted of: Seroquel, medical THC, Prozac, Fentanyl patch, Opana ER, Lorazepam, Kadian, and Amrix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The 30 year old patient presents with low back pain radiating to bilateral buttocks and bilateral lower extremities, rated at 8/10, as per progress report dated 06/26/15. The request is for SOMA 350mg #90 x 2. The RFA for this case is dated 07/03/15, and the patient's date of injury is 01/13/07. Diagnoses, as per progress report dated 06/26/15, included new right lumbar radiculopathy with right lower extremity weakness, L4-5 mild left neural foraminal stenosis, L5-S1 central HNP compressing the right S1 nerve root, L2-3 and L3-4 broad based HNP, L4-5 and L5-S1 disc protrusion, L4-5 and L5-S1 bilateral neural foraminal stenosis, lumbar degenerative disc disease, facet joint arthropathy at L2-3 and L5-S1, lumbar sprain/strain, early cauda equina symptoms, and new right sided back and lower extremity weakness and pain. Current medications included Wellbutrin, Metoprolol succinate, Ativan, Norco, Soma, Opana, Prozac and Adderall. The patient's work status has been documented as permanent and stationary, as per the same progress report. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants section, 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." In this case, the use of Soma is first noted in QME report dated 09/16/14, thereby indicating that the patient has been taking the medication for several months. In the most recent progress report dated 06/26/15, the treater states that Soma "provides 85% relief of the patient's spasms and it helps the patient sleep an additional 4 hours of sleep each night." Without the medication, the patient suffers from spasms on a daily basis and is unable to sleep for more than 1 hour. The report also states that the patient has failed Skelaxin and Cyclobenzaprine. While Soma appears efficacious, MTUS does not recommend long-term use of this medication beyond a 2 to 3 week period. Hence, the request is not medically necessary.