

Case Number:	CM15-0149717		
Date Assigned:	08/12/2015	Date of Injury:	01/29/2010
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/03/2015

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 46 year old male who sustained an industrial injury on 01-29-10. Initial complaints and diagnoses are not available. Treatments to date include medications, epidural steroid injection, a cortisone injection to the left knee, a rhizotomy, facet block injections, life style modifications, physical therapy, chiropractic therapy, TENS and H Wave trials, and acupuncture. Diagnostic studies include x-rays and a MRI of the lumbar spine as well x-rays of the left ankle. Current complaints include lower back pain that radiates down the bilateral lower extremities, rated at 1-2/10 with medications and 8-9/10 without medications. Current diagnoses include lumbar disc degeneration, Lumbar stenosis, lumbosacral facet arthropathy, chronic lumbago and intractable pain, lumbar radiculopathy, and left ankle sprain, healed. In a progress note dated 05-29-15 the treating provider reports the plan of care as L4-S1 medial branch blocks, and medications including Soma and Norco. The requested treatments include Soma. The documentation supports that the injured worker has been on Soma since at least 02-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Carisoprodol (Soma, Soprodol 350, Vanadom, generic available).

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

Decision rationale: The claimant sustained a work injury in January 2010 and continues to be treated for radiating low back pain. Muscle relaxants have included Robaxin and Soma has been prescribed since February 2015. When seen, there had been a flare-up of pain which had returned to baseline. She was continuing to take Norco with good benefit. Physical examination findings included a mildly antalgic gait. There was lumbar facet and sacroiliac joint tenderness. Lumbar facet loading was positive. There was decreased and painful lumbar spine range of motion. Left lower extremity sensation and right lower extremity strength were decreased. Medial branch blocks were continuing to be requested. 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.