

Case Number:	CM15-0161838		
Date Assigned:	09/04/2015	Date of Injury:	08/08/2005
Decision Date:	10/06/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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 52 year old female, who sustained an industrial injury on 8-08-2005. The injured worker was diagnosed as having status post left shoulder arthroscopic surgery in 2006, status post lumbar fusion L3-4 and L4-5 in 2007, status post anterior discectomy and interbody fusion L2-3 and L5-S1 in 2012, grade 1 retrolisthesis L2-3, bilateral sacroiliac joint dysfunction, lumbar facet syndrome, flat back syndrome, left lower extremity radiculopathy, and status post sacroiliac joint fusion in 2-2014. Treatment to date has included diagnostics, lumbar spinal surgery, transcutaneous electrical nerve stimulation unit, trigger point injections, and medications. Currently, the injured worker complains of pain in her neck, mid and low back, buttocks, hips, groin, and down her left leg. Pain was rated 5 out of 10 with medications and 10 of 10 without. She self-procured chiropractic and an inversion table. Medications included Amitiza, Lunesta, Ibuprofen, Nucynta, Nucynta ER, Butrans patch, Xanax, Norco, and Soma. Exam noted limited lumbar range of motion, a dyskinetic recovery from a forward flexed posture, difficulty changing positions, and diffuse tenderness. The treatment plan included the continued use of Soma. The use of Soma was noted for greater than 6 months. Work status was not noted.

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 Muscle relaxants (for pain) Page(s): 63-65.

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

Decision rationale: The claimant has a remote history of a work-related injury in August 2005 and is being treated for pain throughout the spine with buttock, hip, groin, and radiating left lower extremity pain after lumbar fusion surgery in 2007 with revision surgery in 2012. Muscle relaxants have included Baclofen and Soma. When seen, she was receiving chiropractic treatments and had purchased an inversion table. Physical examination findings included limited lumbar range of motion with guarded and slow movements and difficulty transitioning positions. There was diffuse lumbosacral junction tenderness. 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. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition and muscle relaxants have been prescribed on a long-term basis. Prescribing Soma is not medically necessary.