

Case Number:	CM15-0164309		
Date Assigned:	09/01/2015	Date of Injury:	08/17/2006
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/21/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 48-year-old male who sustained an industrial injury on August 17, 2006 resulting in mid and low back pain. Diagnoses have included chronic intractable pain, failed back syndrome with chronic pain, and lumbar radiculopathy. Documented treatment includes L5 fusion, a Boston stimulator, and Medtronic pump, all stated in Physician report of August 6, 2015 to have had poor results. He has also been treated with oral medication. The injured worker continues to report constant radiating back pain with numbness in both feet. The treating physician's plan of care includes Soma 350 mg. Current work status is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, 1 tablet twice daily for spasm #50-74 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66, Carisoprodol, p. 29.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, and upon review of the records made available for review, there was evidence of this worker having used Soma on a chronic basis leading up to this request for renewal. There was no recent documentation which showed he was experiencing an acute flare-up of muscle spasm which might have helped to justify a short course of Soma. However, since the number of pills requested is suggestive of an intention to continue chronic use, which is not recommended for this drug type, the request will be considered not medically necessary.