

Case Number:	CM15-0166801		
Date Assigned:	09/04/2015	Date of Injury:	06/29/2010
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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 48 year old male, who sustained an industrial injury on 6-29-10. The diagnoses have included lumbar disc disease, lumbar radiculopathy, status post lumbar fusion status post painful retained hardware, lumbar facet syndrome on the left and status post cervical fusion. Treatment to date has included medications, diagnostics, surgery, epidural steroid injection (ESI), physical therapy, psychiatric, activity modifications, work modifications, and other modalities. Currently, as per the physician progress note dated 7-10-15, the injured worker complains of cervical spine pain rated 6 out of 10 on pain scales and lumbar spine pain rated 7 out of 10 on pain scale. He reports that the pain is unchanged since last visit. He states that the medications are helping to relieve the pain. He also reports a history of headaches. The current medications included Norco and Soma. The urine drug screen dated 7-10-15 was consistent with the medications prescribed. The objective findings-physical exam reveals that he has a wide based antalgic gait on the left; there is lumbar muscle tenderness and pain over the hardware bilaterally. There is moderate facet tenderness with left side greater than the right. There is positive Kemp's test bilaterally and positive straight leg raise in the seated position at 70 degrees on the left and supine straight leg raise at 60 degrees on the left. There is positive Farfan test bilaterally. The lumbar spine range of motion is decreased with lateral bending right 25 degrees and left 20 degrees. The physician requested treatment included Soma 350mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 po bid (orally twice a day) #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The current request is for Soma 350mg 1 po bid #60 with 2 refills. Treatment to date has included medications, diagnostics, cervical fusion July 2014, epidural steroid injection (ESI), physical therapy, psychiatric, activity modifications, and work modifications. The patient's work status was deferred to the PTP. MTUS Chronic Pain Guidelines under MUSCLE RELAXANTS (for pain) pages 63-66 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66 for Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states, "Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per report 7-10-15, the patient complains of cervical spine pain rated 6/10 on pain scales and lumbar spine pain rated 7/10. The objective findings show lumbar muscle tenderness and pain over the hardware bilaterally. There is moderate facet tenderness, positive Kemp's test bilaterally, positive straight leg raise and decreased ROM. He states that the medications are helping to relieve the pain. The current medications included Norco and Soma. MTUS Guidelines supports the use of these types of muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. This patient has been prescribed Soma since at least 01/15/15; therefore, this request is not medically necessary.