

Case Number:	CM15-0169194		
Date Assigned:	09/09/2015	Date of Injury:	09/10/2001
Decision Date:	10/07/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/27/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 78 year old female, who sustained an industrial injury on 9-10-2001. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar disc protrusion, radiculopathy, lumbar sprain-strain, right knee pain, internal derangement, status post knee surgery, and bilateral hand and upper extremity pain. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. Currently, she complained of low back pain with radiation to bilateral lower extremities. An epidural steroid injection administered was documented to have provided 75% improvement in pain for two to three weeks. Current medications included Protonix, Effexor, Topiramate, Tramadol, Soma, Hydrocodone, Motrin and Norco since at least January 2015. On 7-15-15, the physical examination documented lumbar tenderness, positive lumbar discogenic provocative maneuvers, positive Patrick's maneuvers, and straight leg raise tests. There was decreased sensation noted in L5 dermatome. Soma was documented to provide 50% decreased muscle spasm and 50% improvement in functional activity. The appeal requested authorization of a prescription of Soma 350mg #90. The Utilization Review dated 8-1-15, denied the request stating the documentation did not support that the California Medical Treatment Utilization Schedule (MTUS) Guidelines were met.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no evidence of functional improvement from the previous use of Soma. In addition, the patient is also being prescribe opiates (in addition to the use of Soma), which is not recommended by the guidelines. Therefore, the request for Soma 350mg #90 is not medically necessary.