

Case Number:	CM15-0180299		
Date Assigned:	09/22/2015	Date of Injury:	08/16/2010
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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(n) 40 year old male, who sustained an industrial injury on 8-16-10. The injured worker was diagnosed as having status post lumbar spine surgery in 2-2013 and multilevel disc disease. The physical exam (10-1-14 through 4-7-15) revealed lumbar flexion was 70 degrees, extension was 10 degrees and lateral bending was 10-20 degrees bilaterally. Treatment to date has included physical therapy and a lumbar MRI on 10-1-14. Current medications include Vicodin and Soma (since at least 10-7-14). As of the PR2 dated 8-24-15, the injured worker reports a "spike" in his low back pain. Objective findings include lumbar flexion is 80 degrees, extension is 0 degrees and lateral bending is 10 degrees bilaterally. There is no documentation of current pain levels or pain levels with and without medications. The treating physician requested Soma 350mg #30. On 8-27-15, the treating physician requested a Utilization Review for a lumbar MRI, Vicodin 5-300mg #60 and Soma 350mg #30. The Utilization Review dated 9-2-15, non-certified the request for Soma 350mg #30 and certified the request for a lumbar MRI and Vicodin 5-300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Overturned

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: The patient presents on 08/24/15 with unrated lower back pain, which radiates into the left lower extremity. The patient's date of injury is 08/16/10. Patient is status post unspecified lumbar spine surgery in February 2013. The request is for Soma 350mg #30. The RFA is dated 08/27/15. Physical examination dated 08/24/15 reveals reduced lumbar range of motion, and tenderness to palpation of the thoracic and lumbar paraspinal musculature. The patient is currently prescribed Vicodin and Soma. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) section, page 29 states: "Not recommended. This medication is not indicated for long-term use." MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain) section, pages 63-66, under Carisoprodol (Soma, Soprodol 350, Vanadom, generic available) states: "Neither of these formulations is recommended for longer than a 2 to 3 week period." In regard to Soma for this patient's lower back pain flare-up, the request is appropriate. Per the records provided, the last time this patient was prescribed this medication was 04/07/15. Progress note dated 08/24/15 has the following: "The patient back on follow up. States that he had some spike in his low back pain recently... last seen on 04/07/15... all of the sudden this last week, his symptom markedly worsened to the point that he noted a new symptoms of pain radiating into the left lower extremity..." MTUS guidelines support the use of this medication for 2-3 weeks provided its use is directed at acute injury or recent flare up, this patient presents with such a complaint. Given the lack of recent utilization of this medication, and the intent to provide 30 tablets for an acute flare up of symptoms, a short course of Soma is an appropriate measure. Therefore, the request IS medically necessary.