

Case Number:	CM15-0180735		
Date Assigned:	09/22/2015	Date of Injury:	10/18/2001
Decision Date:	10/26/2015	UR Denial Date:	08/31/2015
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: 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 53 year old female, who sustained an industrial injury on 10-18-01. The injured worker was diagnosed as having cervical disc syndrome with sprain and strain, radiculopathy, status post laminectomy fusion procedures x2, and postoperative laminectomy fusion syndrome. Other diagnoses included lumbosacral spine disc syndrome with strain and sprain disorder, radiculopathy, cauda equine syndrome, and arachnoiditis. Chronic pain syndrome with idiopathic insomnia was also noted. Treatment to date has included medication such as OxyContin, Norco, Anaprox, and Soma. Physical examination findings on 8-19-15 included reduced range of motion in the cervical and lumbosacral spine. Tenderness was noted in bilateral cervical and lumbosacral paraspinal musculature with spasms. Reduced sensation and strength was noted in bilateral C6 and S1 spinal nerve roots. Absent bilateral biceps and ankle deep tendon reflexes was noted. The injured worker had been taking Soma since at least January 2015. The treating physician noted "this patient has had a good, but partial response to treatment." The injured worker's pain ratings were no documented in the submitted medical records. Currently, the injured worker complains of neck and low back pain, stiffness, weakness, and numbness. On 8-5-15, the treating physician requested authorization for Soma 350mg #60. On 8-31-15, the request was non-certified; the utilization review physician noted "pervious requests for Soma have determined that is not medically necessary and should be tapered and weaned. 60 should be adequate to complete tapering and weaning."

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: The claimant sustained a work injury in March 2011 and continues to be treated for neck and low back pain. When seen, she had a good but partial response to treatment. Physical examination findings included decreased cervical and lumbosacral range of motion with tenderness and muscle spasms. There was decreased upper and lower extremity strength and sensation. Prior surgical treatments had included multiple cervical fusions. Medications were continued including Soma, which had been prescribed on a long-term basis. 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. It was being prescribed on a long-term basis and appears ineffective in treating the claimant's muscle spasms. Prescribing Soma is not considered medically necessary.