

Case Number:	CM15-0180802		
Date Assigned:	09/22/2015	Date of Injury:	07/06/1998
Decision Date:	10/30/2015	UR Denial Date:	09/10/2015
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:

This is a 70-year-old male worker with a date of injury 7-6-1998. The medical records indicated the injured worker (IW) was treated for cervical spine disc herniation; status post cervical fusion; status post lumbar spine surgery; rotator cuff syndrome; right hand and forearm atrophy; and bilateral ulnar neuropathy. In the 5-29-15 and 9-2-15 progress notes, the IW reported neck pain and stiffness rated 3 to 4 out of 10, with headaches, and low back pain with stiffness rated 5 out of 10. It was noted the IW's myofascial pain was increased. Medications (5-29-15) were Norco, Motrin, Bupropion, Cymbalta and Methadone. His disability status was permanent and stationary. Objective findings on 9-2-15 included thenar atrophy of the right hand and decreased grip strength with mildly positive Phalen's sign. There was gross atrophy of the upper extremities, worse on the right. There was pain across the lower back with transient radiation to the left leg; pain was mildly exacerbated with straight leg raise. Bilateral lower extremity reflexes were 1 out of 4. Light touch sensation was decreased in the L5 dermatome bilaterally. There was pain to palpation over the L4 to S1 facet capsules on the left and secondary myofascial pain with triggering, ropey fibrotic bands and spasm. Treatments included cervical and lumbar spine surgery, physical therapy and chiropractic treatment. The provider reported the IW had no medication side effects, no aberrant drug behaviors and a urine drug screen on 3-26-15 was within normal limits. He indicated the IW had 60% reduction in pain with medication, but had some increase in pain and decrease in function (not specified) since tapering Methadone to the point of discontinuation. The treatment plan included restarting Cymbalta and intermittent use of Soma for myofascial pain. A Request for Authorization dated 9-2-15 was received for retrospective Soma 350mg #10, for date of service 9-02-15. The

Utilization Review on 9-10-15 non-certified the request for retrospective Soma 350mg #10, for date of service 9-02-15, as CA MTUS guidelines does not recommend Soma for treatment of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Soma 350mg #30 DOS: 9/2/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain in the cervical and lumbar spines. The request is for Retrospective Soma 350mg #30 DOS: 9/2/2015. Per 09/02/15 Request for Authorization form, patient's diagnosis includes cervical/lumbar discopathy w/neuropathy. Patient's medications, per 05/26/15 progress report include Bupropion, Diovan, Duloxetine HCl, Levothyroxine, Methadone, Motrin, Norco, Omega 3, Vitamin B-12, Vitamin C, and Vitamin D. Patient is permanent and stationary. MTUS Chronic Pain Medication Guidelines, page 63-66, Muscle Relaxants section: "Carisoprodol has the following (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." The treater has not specifically discussed this request. Review of the medical records provided did not indicate prior use of Soma and it appears that the treater is initiating it. Per 09/02/15 Request for Authorization form, the treater is prescribing Soma, to be taken up to 5 by mouth. MTUS guidelines support the use of this medication for 2-3 weeks provided it is directed at an acute injury or recent flare up. However, this patient presents with uncomplicated chronic neck and lower back pain. Without evidence of recent re-injury, flare-up, or acute appearance of spasms for which Soma is considered appropriate, this medication cannot be substantiated. Therefore, the request is not medically necessary.