

Case Number:	CM15-0180985		
Date Assigned:	09/22/2015	Date of Injury:	01/27/2005
Decision Date:	11/10/2015	UR Denial Date:	08/14/2015
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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 38 year old, male who sustained a work related injury on 1-27-05. A review of the medical records shows he is being treated for low back pain and right knee pain. Treatments have included lumbar radiofrequency medial branch neurotomy. Current medications include Norco, stool softeners, Soma, Ambien and ibuprofen. He has been taking the Soma since at least 5-2015. In the progress notes dated 7-21-15, the injured worker reports ongoing, worsening back pain. He rates the pain level an 8 out of 10, at best a 4 out of 10 and without medications a 10 out of 10. The radiofrequency ablation procedure done on 4-28-15 gave him "some good relief" but now pain is coming back. He states he "cannot function without pain medication." He reports "50% reduction in his pain and functional improvement with activities of daily living with the medications, as well as improvement in his work activities" as a forklift driver. These findings are unchanged from progress notes dated 5-14-15. On physical exam, he has palpable rigidity in the lumbar trunk with muscle spasm. He has decreased range of motion in low back. He is working. The treatment plan includes refills of medications. In the Utilization Review, dated 8-14-15, the requested treatment of Soma 350mg. 1 tab OD, as needed #30 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1tab OD PRN #30: 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: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long-term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. In this case, the exam note from 7/21/15 demonstrates use of Soma since at least 5/2015. As the guidelines do not recommend long-term use the determination is for non-certification. Therefore, the requested treatment is not medically necessary.