

Case Number:	CM15-0182384		
Date Assigned:	09/23/2015	Date of Injury:	04/07/1999
Decision Date:	10/27/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/16/2015

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:

This injured worker is a 69 year old male, who sustained an industrial injury on 04-07-1999. The injured worker was diagnosed as having failed back surgery syndrome, myofascial and low back pain. On medical records dated 08-28-2015 and 06-08-2015, subjective complaints were noted as low back pain and bilateral leg pain. Pain was noted as 8 out of 10 on 08-28-2015 and 06-08-2015, which was noted to have increased since chiropractic and massage therapy have stopped. Objective findings were noted as lumbar spine was noted to have tenderness to palpation of the bilateral lumbosacral musculature. Severe spasms were present, lumber range of motion was painful with noted bilateral stiffness. The injured worker was noted to be disabled retired. Treatment to date included medication, physical therapy, chiropractic care and massage therapy. Current medication was listed as Avinza, Voltaren gel, Senakot, Norco Ibuprofen and Soma. The injured worker has been prescribed Soma since at least 01-2015. The Utilization Review (UR) was dated 09-04-2015. A request for Soma 350mg #120, Norco 10-325mg #180, Ibuprofen 800mg #90 and Norco 10-325mg - DNF before 09-20-2015 #150 was submitted. The UR submitted for this medical review indicated that the request for Soma 350mg #120 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: 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), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury occurring in April 1999 and continues to be treated for low back pain. In November 2014 he had been able to dramatically decrease his use of medications with therapy and chiropractic care. He had decreased Soma by 50%. When seen, he was continuing to do extremely well. Physical examination findings included a body mass index over 33. He appeared in moderate to severe distress. There was a moderately antalgic gait and he was using a cane. There was lumbar muscle tenderness with severe spasms and stiffness and pain with range of motion. There was a normal neurological examination. 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, other medications and treatments would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.