

Case Number:	CM15-0186611		
Date Assigned:	10/06/2015	Date of Injury:	05/11/2000
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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 59 year old male, who sustained an industrial injury on May 11, 2000. The injured worker was diagnosed as having right lumbar four to five disc herniation per magnetic resonance imaging performed in April of 2014. Treatment and diagnostic studies to date has included status post lateral epicondyle of the right lumbar four to five, two epidural cortisone injections, medication regimen, magnetic resonance imaging of the lumbar spine, and home exercise program. In a progress note dated December 16, 2014 the treating physician reports persistent back pain and right leg that was noted to be "not as bad as it was originally since the injured worker's last epidural on September 22, 2014 and also noted that after a lateral epicondyle to the right lumbar four to five disc herniation the injured worker's leg pain is gone, and he is able to walk half an hour a day. Examination performed on December 16, 2014 was unrevealing. On December 14, 2014 the injured worker's medication regimen included Celebrex and Soma with the start date not documented. The progress note of December 16, 2014 did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. The treating physician requested Soma 350mg with a quantity of 30 and Celebrex 200mg with a quantity of 30 noting current use of these medications. On September 15, 2015 the Utilization Review determined the requests for Soma 350mg with a quantity of 30 and Celebrex 200mg with a quantity of 30 to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #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 injured worker has been using Soma since at least 12/14/14. The guidelines do not recommend long-term use. In addition, there is no documentation reporting the presence of muscle spasm. Therefore the request is not medically necessary.

Celebrex 200mg, #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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

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 injured worker has been using Soma since at least 12/14/14. The guidelines do not recommend long-term use. In addition, there is no documentation reporting the presence of muscle spasm. Therefore the request is not medically necessary.