MAXIMUS Federal Services

Case Number:	CM15-0191627		
Date Assigned:	10/05/2015	Date of Injury:	01/27/2014
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 01-27-2014. He has reported subsequent low back and left lower extremity pain and was diagnosed with musculoligamentous sprain and strain of the lumbar spine, left radiculopathy, pain in the left hip with femoroacetabular syndrome and bilateral knee pain rule out internal derangement. Treatment to date has included pain medication, physical therapy, acupuncture and epidural steroid injections, which were noted to provide some benefit. Documentation shows that muscle relaxant medication was prescribed since at least 4-17-2015 and Soma was prescribed since at least 06-22-2015. In a neurology progress note dated 06-22-2015, the injured worker reported constant low back pain radiating to the left lateral leg, pain in the groin and left hip, tingling and burning sensation in the left hip, left knee pain, neck and mid back tightness and pain and constant numbness of both hands right greater than left. The degree of pain was not quantified. Objective findings showed lumbar paraspinal muscle spasms bilaterally, sacroiliac and sciatic notch tenderness, decreased range of motion of the lumbar spine, left trochanteric bursa tenderness, decreased range of motion of the left hip with pain on internal rotation, cracking of the knees on range of motion and an antalgic limping gait. In an agreed medical evaluation dated 07-06-2015, the injured worker reported constant pain and stiffness in the low back radiating to the mid back, left hip and left leg that was rated as 4-8 out of 10 with numbness and tingling down to the left foot and giving out of legs with loss of balance. Objective examination findings revealed an antalgic limping gait, positive Romberg and abnormal tandem walk. There was no documentation of significant pain relief or objective functional improvement with use of Soma. Work status was documented as modified. A request for authorization of Soma 350 mg quantity of 90 was submitted. As per the 09-15-2015 utilization review, the request for Soma 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 quantity 90: 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).

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In this case, it was combined with Ibuprofen. Functional and pain score benefit was not provided. There was no mention of failure of other forms of muscle relaxants. Long-term use of any muscle relaxant is not indicated. The use of SOMA is not medically necessary.