

Case Number:	CM15-0191642		
Date Assigned:	10/06/2015	Date of Injury:	04/17/1999
Decision Date:	11/12/2015	UR Denial Date:	08/30/2015
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: 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:

The injured worker is a 70 year old male, who sustained an industrial injury on 04-17-1999. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for diabetes and failed low back syndrome from failed fusion. Medical records (03-18-2015 to 08-05-2015) indicate ongoing low back pain with radiating pain in the lower extremities. Pain levels were not mentioned. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-05-2015, revealed an antalgic gait, decreased reflexes in the patella bilaterally, decreased sensation in the left L3-5 dermatomes, and lumbar spasms and guarding. No changes were noted from previous exams. Relevant treatments have included lumbar fusion surgery (2001), multiple facet and lumbar epidural steroid injections without benefit, physical therapy (PT), work restrictions, and pain medications (Soma since at least 03-2015 with continued muscle spasms and guarding). The PR and request for authorization (08-05-2015) shows that the following medication was requested: Soma 350mg #45. The original utilization review (08-28- 2015) partially approved the request for Soma 350mg #45 (modified to #15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Drugs.com - Soma.

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

Decision rationale: Review indicates the request for Soma was modified for weaning purposes. Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic 1999 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma 350mg #45 is not medically necessary and appropriate.