

Case Number:	CM15-0192696		
Date Assigned:	10/30/2015	Date of Injury:	12/11/1997
Decision Date:	12/15/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/30/2015

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: Texas, 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:

This is a 58 year old male patient with a date of injury of December 11, 1997. The diagnoses include lumbar post laminectomy syndrome, pain in ankle and foot, pain in soft tissues of the limb, upper arm pain, lumbago, degeneration of lumbar or lumbosacral intervertebral disc, lumbar intervertebral disc disorder without myelopathy, and thoracic or lumbosacral neuritis or radiculitis. Per the doctor's note dated June 15, 2015, he had complaints of chronic, severe lower back pain rated at a level of 8 out of 10 and 4 out of 10 with medications. Per the progress note dated August 10, 2015, he had complaints of low back pain at 10/10 without medication and 4/10 with medications. Per the treating physician (August 10, 2015), the employee was permanent and stationary and was not working. The physical exam dated June 15, 2015 revealed use of crutches, tenderness to palpation of the thoracic spine, limited range of motion of the thoracic spine, tenderness to palpation of the lumbar spine, decreased range of motion of the lumbar spine, antalgic and weak gait, positive straight leg raise bilaterally, bilateral sciatic notch tenderness, right lumbar spasms, decreased strength of the bilateral lower extremities, and decreased sensation of the bilateral lower extremities. The progress note dated August 10, 2015 documented a physical examination that showed no changes since the examination performed on June 15, 2015. The medications list includes Soma since at least March of 2015; OxyContin 80mg XR, Oxycodone 15mg, Medrol, Wellbutrin, remeron, niaspan, lipitor, niacin and lisinopril. Past history includes open heart surgery, angioplasty and right foot surgery. Treatment has included medications and home exercise. The urine drug screen dated August 10, 2015 showed results that were consistent with the patient's prescribed medications. The utilization review (August 31, 2015) partially certified a request for Soma 350mg #8 (original request for #120 with three refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120 with 3 refills: Upheld

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

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

Decision rationale: Soma 350mg #120 with 3 refills. According to California MTUS, Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." Per the guidelines, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The CA MTUS Chronic Pain Guidelines do not recommend soma for long-term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. The response to NSAIDs without muscle relaxants is not specified in the records provided. The request for Soma 350mg #120 with 3 refills is not medically necessary.