

Case Number:	CM15-0199770		
Date Assigned:	10/15/2015	Date of Injury:	12/18/2000
Decision Date:	11/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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: North Carolina

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 62 year old male, who sustained an industrial injury on 12-18-2000. The injured worker was being treated for lumbar postlaminectomy syndrome and degenerative lumbar disease. Medical records (7-21-2015, 8-18-2015, and 9-15-2015) indicate ongoing low back and lower extremity pain with increased neuropathic symptoms into the right lower leg. The physical exam (7-21-2015 and 8-18-2015) did not include documentation of an assessment of lumbar spine. The physical exam (9-15-2015) reveals lumbar extension of 15 degrees, flexion of 60 degrees, and bilateral lateral bending of 20 degrees. There is decreased sensation to pinprick in the right L5 and S1 dermatomes. The regarding is lumbar spine spasm and guarding. On 6-12-2014, an MRI of the lumbar spine dated 6-4-2012, revealed a persistent perineural scar at the descending right S1 (sacral 1) nerve root, multilevel disc degeneration, a small synovial cyst at the Left lumbar 1-2 (lumbar 1-2) articulating facet complex without evidence of nerve impingement. There is hypertrophic facet changes and a 2-3mm broad-based combined disc bulge and osteophytic ridge at L5-S1 (lumbar 5-sacral 1). Per the treating physician (9-23-2015 report), electrodiagnostic studies dated 3-1-2013 revealed chronic right L5-S1 radiculopathy. Surgeries to date have included low back laminectomy and discectomy at L5-S1. Treatment has included stretching exercises, and medications including Norco, Nucynta, Trazadone, Lunesta, Motrin, and Soma (since at least 5-2015). On 9-28-2015, the requested treatments included Soma 350mg #90. On 10-2-2015, the original utilization review non-certified a request for Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: 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): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.