MAXIMUS Federal Services

Case Number:	CM15-0205837		
Date Assigned:	10/22/2015	Date of Injury:	02/28/1992
Decision Date:	12/03/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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 52 year old male, who sustained an industrial injury on 2-28-92. Medical records indicate that the injured worker is undergoing treatment for low back pain, lumbar radiculitis, depressive disorder and uncomplicated opioid dependence. The injured worker is working with restrictions. On (10-2-15 and 8-14-15) the injured worker complained of constant low back pain, muscle tightness and muscle spasms. The pain radiated to the bilateral lower extremities. The pain was rated 5 out of 10 with medications and 8 out of 10 without medications on the visual analogue scale. The pain was worse with walking, stairs and increased activities. Examination of the lumbar spine revealed a decreased sensation on the right at lumbar four through sacral one. A straight leg raise test was positive on the right. Documented treatment and evaluation to date has included medications, urine drug screen and psychiatric assessments. Treatments tried and failed include a transcutaneous electrical nerve stimulation unit. Current medications include Soma (since at least May of 2015), Prozac, Welbutrin, Trileptal, Percocet and Celebrex. The current medication regime allows for increased mobility and function. The current treatment request is for Soma 350mg #30. The Utilization Review documentation dated 10-9-15 non-certified the request for Soma 350mg #30.

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, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

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 for ongoing and chronic 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.