

Case Number:	CM15-0206459		
Date Assigned:	10/23/2015	Date of Injury:	02/16/1989
Decision Date:	12/07/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 66 year old male sustained an industrial injury on 2-15-89. Documentation indicated that the injured worker was receiving treatment for cervical spine sprain and strain, thoracic spine sprain and strain and lumbar spine sprain and strain. Recent treatment consisted of home exercise and medication management. In a PR-2 dated 12-8-14, the injured worker complained of neck and low back pain, rated 8 out of 10 on the visual analog scale, associated with headaches. The injured worker rated his pain 10 out of 10 without medications and 5 to 6 out of 10 with medications. The injured worker currently used four Norco per day and three Soma per day. Physical exam was remarkable for tenderness to palpation to the lower lumbar spine with range of motion: flexion 30 degrees, extension 20 degrees and bilateral lateral bend 15 degrees. In PR-2's dated 1-7-15, 2-4-15, 3-9-15, 4-13-15, 5-11-15 and 7-13-15, the injured worker rated his pain 8 to 10 out of 10 without medications and 4 to 9 out of 10 with medications. In a PR-2 dated 9-14-15, the injured worker complained of pain to the neck and low back as well as pain across both shoulders, rated 8 out of 10 on the visual analog scale without medications and 4 to 6 out of 10 with medications. The injured worker was currently using Norco one or two times per day for pain and Soma as needed for muscle spasms. The injured worker noted functional improvement with activities of daily living, increased ability to sleep and improvement in pain with current medications. Physical exam was remarkable for tenderness to palpation to bilateral cervical paraspinal musculature, trapezius and lower lumbar spine with cervical spine range of motion: flexion 40 degrees, extension 20 degrees and bilateral lateral rotation 20 degrees and lumbar spine range of motion: flexion 40 degrees, extension 15 degrees and bilateral lateral

bend 20 degrees. A urine drug screen was performed during the office visit. On 9-21-15, Utilization Review noncertified 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): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: Soma 350mg #90 is not medically necessary per the MTUS Guidelines. The MTUS recommends against using Soma and state that it is not for long term use. The MTUS states that abuse has been noted for sedative and relaxant effects of Soma. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma is not medically necessary.