

Case Number:	CM15-0022141		
Date Assigned:	02/11/2015	Date of Injury:	07/07/1999
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/05/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 70 year old male sustained an industrial injury on 7/7/99, with subsequent ongoing low back pain. No recent magnetic resonance imaging was available for review. In a PR-2 dated 12/8/14, the injured worker complained of ongoing low back pain with radiation to the left groin. The injured worker rated his pain 7-8/10 without medication on the visual analog scale and 4-5/10 with medications. The injured worker was requesting an epidural. His last epidural steroid injection (April 2014) gave him approximately four months of greater than 50% relief of lower extremities back and extremity pain. Physical exam was remarkable for lumbar spine with tenderness to palpation in the paraspinals with mildly decreased range of motion in all fields, intact strength bilaterally, decreased sensation in the inner legs and outer thighs and in the L4 distribution, positive straight leg raise bilaterally and normal gait. Current diagnoses included lumbar degenerative disc disease, low back pain, bilateral lumbar radiculopathy, lumbar stenosis, depression and chronic pain syndrome. The treatment plan included an epidural steroid injection, and continuing medications (Norco, Tramadol, Cymbalta and Soma). On 1/20/15, Utilization Review modified a request for Soma 350mg #60 to Soma 350mg #13 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Chronic Pain, Soma (Carisoprodol)

Decision rationale: MTUS states regarding Crisoprodol, “Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs.” ODG States that Soma is “Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use.” The patient has been on the medication since October 2014. Guidelines do not recommend long term usage of SOMA. Treating physician does not detail circumstances that would warrant extended usage. The previous UR modified to 13 tablets of Soma 350mg to allow for a wean which is appropriate. As such, the request for SOMA 350 MG # 84 WITH 1 REFILL is not medically necessary.