MAXIMUS Federal Services

Case Number:	CM15-0026861		
Date Assigned:	02/19/2015	Date of Injury:	06/28/2011
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/12/2015

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: 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:

The injured worker is a 37 year old male who sustained an industrial lifting injury on June 28, 2011. The injured worker was diagnosed with herniated nucleus pulposus L5-S1. The injured worker underwent percutaneous epidural decompression neuroplasty of the lumbosacral nerve root with facet block in September 2012. A lumbar magnetic resonance imaging (MRI) dated April 9, 2014 noted mild to moderate disc height loss with a right foraminal disc protrusion which from a previous study had decreased in size with less impingement of the right S1 nerve root. The patient has had EMG of the LE in 2010. The spinal canal and foramina were patent. According to the primary treating physician's progress report on December 29, 2014 the injured worker complained of severe and constant pain in the lower back and both legs. Physical examination revealed tenderness on palpation, positive Patrick's test, positive Minor's and Kemp's sign and normal sensory and motor examination. Treatment modalities consist of 12 physical therapy sessions without beneficial improvement and multiple epidural steroid injections. The medication list included Hydrocodone, gabapentin, Cyclobenzaprine, Omeprazole and Amitriptyline. The patient's surgical history included left arm surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 1159F: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 and Muscle relaxants, page 63, Carisoprodol (Soma).

Decision rationale: Request: Soma 1159FAccording 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." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. Sedation is the most commonly reported adverse effect of muscle relaxant medications."Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided.California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations in chronic pain.Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided.The date of injury for this patient is 06/28/11. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guidelines, skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement.The pt's medication list also includes Cyclobenzaprine which is another muscle relaxant. The response to the Cyclobenzaprine without the Soma was not specified in the records provided. The rationale for the use of two muscle relaxant is not specified in the records provided.Therefore the medical necessity of Soma is not established for this patient.