

Case Number:	CM15-0210152		
Date Assigned:	10/29/2015	Date of Injury:	03/03/2006
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 3-3-2006. Medical records indicate the worker is undergoing treatment for status post lumbar fusion, failed lumbar fusion, chronic cervical radiculopathy and psychological diagnosis. A recent progress report dated 9-22-2015, reported the injured worker complained of cervical pain with bilateral upper extremity radicular symptoms and low back pain with radiation down the legs. Physical examination revealed diffuse cervical tenderness, bilateral upper extremity full pain-free range of motion and thoracolumbar diffuse tenderness. Treatment to date has included lumbar surgery, physical therapy and Soma (unsure of the length of time of use). The physician is requesting Soma 350mg #30. On 10-6-2015, the Utilization Review noncertified 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 350 MG Qty 30: 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: The current request is for Soma 350 MG QTY 30. Treatment to date has included SI joint injection, lumbar surgery, lumbar epidural injection, physical therapy and medications. MTUS, Soma, Muscle relaxants (for pain) section, pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Carisoprodol (Soma, Soprodol 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects."Per report 09/22/15, the patient presents with cervical pain with bilateral upper extremity radicular symptoms and low back pain with radiation down the legs. Physical examination revealed diffuse cervical tenderness, and thoracolumbar diffuse tenderness. The treater recommended a refill of Fentanyl patch, and Ibuprofen. A new prescription for Norco and Soma was provided. It appears that the patient has used Soma in the past, as this medication is currently listed under Prior Medications Used. The RX dated 09/22/15 states "Soma 350mg #30, 1 tablet @ bedtime." MTUS recommends antispasmodic agents such as Soma, only for a short period (no more than 2-3 weeks). In this case, the request for #30 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.