MAXIMUS Federal Services

Case Number:	CM15-0211057		
Date Assigned:	10/30/2015	Date of Injury:	08/09/2004
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/27/2015

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 58 year old male with an industrial injury dated 08-09-2004. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine disc syndrome with strain-sprain disorder and radiculopathy; lumbosacral spine disc syndrome with strain-sprain disorder, radiculopathy, status post laminectomy fusion operative procedure, and postoperative laminectomy fusion syndrome; internal derangement of bilateral knees status post arthroscopic surgery procedure; bilateral rotator cuff and impingement syndrome; and chronic pain syndrome with idiopathic insomnia. According to the progress note dated 10-01-2015, the injured worker reported neck, mid back, low back, bilateral knees, left upper limb, left lower limb sharp, stabbing pain, stiffness, weakness, numbness, paresthesia, instability, reduced coordination, and generalized discomfort. Review of systems of unchanged. Medications include Soma (since at least August of 2015), Norco, Ambien and Prilosec. Pain level score was not documented in report. Objective findings (08-03-2015, 10-01-2015) revealed reduced range of motion of the entire spine, reduced range of motion of the bilateral knees and bilateral shoulders in all planes with tenderness in the medial aspect of both knees, tender, painful bilateral cervical and bilateral lumbosacral paraspinal muscular spasms, reduced sensation and strength of the left C6 and left L4 spinal nerve roots, absent left biceps and left patella deep tendon reflexes. Treatment has included diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. The injured worker remains on temporary total disability. The utilization review dated 10-13-2015, non-certified the request for Soma 350mg, #60.

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 Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 request for Soma is in excess of the guideline recommendations for short term use. Additionally, the treating physician has not provided documentation of objective functional improvement with the use of this medication. As such, the request for Soma 350mg, #60 is not medically necessary.