

Case Number:	CM15-0212602		
Date Assigned:	11/02/2015	Date of Injury:	12/21/2007
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts

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

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 61 year old male sustained an industrial injury on 12-21-07. Documentation indicated that the injured worker was receiving treatment for chronic low back pain. Previous treatment included lumbar fusion (2008) and medications. In a progress note dated 4-2-15, the injured worker complained of ongoing low back pain with radiation down the left leg, rated 8 out of 10 on the visual analog scale. Current medications included Norco, Soma, Valium, Clonidine and Crestor. Physical exam was remarkable for "slight" increased pain with range of motion, negative straight leg raise and intact neurologic exam. The injured worker could stand on the toes and heels and squat. X-rays taken during the office visit showed "significant" tilt of L5, loss of disc height at L4-5 and fusion at L5-S1 with "some" foraminal narrowing. Magnetic resonance imaging lumbar spine (8-29-15) well maintained disc height with annular disc bulge and facet arthropathy at L3-4 and L4-5. Electrodiagnostic testing of bilateral lower extremity (7-1-15) was normal. In a progress note dated 7-2-15, no subjective complaints were documented. The physician studies note that recent diagnostic studies showed buckling on the left just above the fusion where the spine might compress and pinch the nerve. The physician stated that when the injured worker stood or sat, it was irritating the nerves. The physician recommended physical therapy. On 10-12-15, a request for authorization was submitted for Soma. On 10-16-15, Utilization Review noncertified a 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 #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 claimant has a history of a work injury occurring in December 2007 while working as a truck driver. He underwent a lumbar fusion in 2008 with hardware removal in 2009. Electrodiagnostic testing in July 2015 was normal and an MRI of the lumbar spine in August 2015 showed expected postoperative findings. When seen in September 2015 he had ongoing back pain radiating to the left lower extremity. Physical examination findings included pain with lumbar range of motion. Straight leg raising was negative. Medications referenced were diclofenac, cyclobenzaprine, omeprazole, Soma, and Norco. Soma is being requested. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, cyclobenzaprine, another muscle relaxant, is also being prescribed which is duplicative. There are other treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not medically necessary.