

Case Number:	CM15-0214330		
Date Assigned:	11/04/2015	Date of Injury:	08/08/2001
Decision Date:	12/21/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/30/2015

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 48 year old male who sustained an industrial injury on 8-8-2001. A review of medical records indicates the injured worker is being treated for cervical radiculitis, radicular syndrome, other syndromes affecting cervical region, myofascial pain cervical spine, lumbago, and cervicgia. Medical records dated 9-15-2015 noted chronic low back pain rated 8 out of 10. Neck pain rated 2-4 out of 10. He is able to perform his activities of daily living with less pain with medications. Pain was less at visit dated 10-13-2015. Physical examination dated 10-13-2015 noted tenderness to the cervical region with reduced range of motion. The back showed decreased range of motion in all planes. Treatment has included Soma for muscle spasms since at least 4-27-2015. Utilization review form dated 10-26-2015 noncertified Soma 350mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #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: Based on the 10/13/15 progress report provided by the treating physician, this patient presents with stabbing low back pain rated 7/10 with bilateral lower extremity numbness/tingling extending to the feet, and chronic neck pain rated 2-4/10 with occasional left upper extremity numbness/tingling/pain down to the hand. The treater has asked for Soma 350MG #30 on 10/13/15. The patient's diagnoses per request for authorization dated 10/20/15 are low back pain, radiculopathy, thoracolumbar region. The patient is 3 weeks s/p bilateral medial nerve block at L3-4 and L5-S1 facet joints with minimal benefit per 10/13/15 report. The patient is s/p lumbar fusion of unspecified date per review of reports. The patient is currently having ongoing spasms of lumbar paraspinals per 9/15/15 report. The patient's work status is not included in the provided documentation. MTUS, Muscle Relaxants Section, page 63-66: "Carisoprodol (Soma, Soprodal 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. The treater is requesting "Soma 350mg QD PRN for ongoing spasms" per 10/13/15 report. Patient has been prescribed Soma since at least 4/27/15 and in subsequent reports dated 6/23/15, 9/15/15 and 10/13/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The current request for an additional 30 tabs of Soma would exceed what is recommended by MTUS and does not indicate short-term use. Therefore, the request IS NOT medically necessary.