

Case Number:	CM15-0214561		
Date Assigned:	11/04/2015	Date of Injury:	07/14/2007
Decision Date:	12/22/2015	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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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, who sustained an industrial injury on 7-14-2007. Diagnoses include cervical sprain-strain, cervical radiculopathy, lumbar sprain-strain with radiculopathy, and hip bursitis-tendinitis. Treatments to date include Norco, Neurontin, and Soma. On 10-13-15, he complained of increased left hip. Current medications included Norco and Neurontin prescribed from a different provider, and Soma. There was no objective data documented regarding the medication effectiveness on decreasing pain levels or increasing functional ability. Records indicating length of time medications were prescribed were not submitted. The physical examination documented guarding, spasm, and tenderness in the cervical and lumbar spine muscles. He ambulated with four-arm crutches with an antalgic gait. There was decreased painful range of motion in neck and low back. There was tenderness and decreased range of motion in the left hip. A therapeutic injection to the left hip was provided on this date. The plan of care included a prescription to refill Soma 350mg #28. The appeal requested authorization for Soma 350mg #28. The Utilization Review dated 10-26-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #28: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain), Weaning of Medications.

Decision rationale: Soma (carisoprodol) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing increased left hip pain. The recorded pain assessments did not include many of the elements recommended by the Guidelines. These records reported the worker had used this medication for at least a month. Further, there was no discussion suggesting a recent flare-up of long-standing lower back pain or describing special circumstances that sufficiently supported this request for long-term use. In the absence of such evidence, the current request for 28 tablets of Soma (carisoprodol) 350mg is not medically necessary. Because of the increased risks with prolonged use and the lack of documented benefit, an appropriate taper should be able to be completed with the medication available to the worker.