

Case Number:	CM15-0216968		
Date Assigned:	11/06/2015	Date of Injury:	07/15/2013
Decision Date:	12/18/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/04/2015

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 56 year old male sustained an industrial injury on 7-15-13. Documentation indicated that the injured worker was receiving treatment for lumbar post laminectomy syndrome, chronic lumbar radiculopathy, regional myofascial pain and chronic pain syndrome with both mood and sleep disorder. Previous treatment included three lumbar surgeries (most recent 11-18-14), physical therapy, pain psychology and medications. In a progress note dated 10-8-15, the injured worker complained of ongoing "severe" low back pain with radiation to the buttocks. The injured worker reported that his pain had been waking him in the night for the past few weeks. Physical exam was remarkable for a forward flexed body posture. The injured worker walked with an antalgic gait using a cane and appeared depressed. The physician noted that the injured worker the injured worker's liver enzymes remained elevated due to Hepatitis C. The injured worker could not take Naproxen Sodium due to colitis. The physician noted that the injured worker wished to return to work but could not while on medications. The injured worker was not a surgical or injection candidate. The physician stated that the injured worker would likely require a detoxification plan. The treatment plan included refilling Soma (since 1-15-15) and Oxycodone and continuing chronic pain physical therapy and psychology. On 10-19-15, Utilization Review noncertified a request for Soma 350mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Weaning of Medications.

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

Decision rationale: The claimant sustained a work injury to the low back when his chair shifted. He underwent a lumbar microdiscectomy in August 2014 complicated by a dural leak requiring reoperation in October 2014 and November 2014. He continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. He has a history of hepatitis C with liver enzyme elevations. He is unable to take NSAID medication due to colitis. Treatments have included cognitive behavioral therapy, physical therapy, and medications. When seen in October 2015 he was continuing to report severe low back pain radiating into the buttock. He was having difficulty sleeping. He was participating in outpatient pain psychology and physical therapy. A trial of antidepressant medication had been recommended by his psychologist. Physical examination findings included a depressed affect. There was an antalgic gait with use of a cane and he had a forward flexed posture. The assessment references the claimant as motivated to discontinue opioid medication in the future and outpatient detox was discussed. He had been unable to wean use of oxycodone due to severe pain and withdrawal symptoms. Medications were refilled including oxycodone at a total MED (morphine equivalent dose) of 75 mg per day and Soma which was being prescribed on a long-term basis. 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, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not medically necessary.