

Case Number:	CM15-0221053		
Date Assigned:	11/16/2015	Date of Injury:	11/16/2012
Decision Date:	12/31/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 11-16-2012. Medical records indicated the worker was treated for lumbar disc herniation and disc disease with left L5 radicular symptomology and left greater than right shoulder sprain-strain. In the provider notes of 09-30-2015, the worker is seen for follow-up of his back and bilateral leg pain, right greater than left. Medications include Percocet, Lyrica (since at least 07-28-2015), and Soma (since at least 07-28-2015). On physical examination, he continues to have pain in the middle of the lumbosacral region that radiates down the buttock and leg, greater than the left side. He has numbness in the right great toe in the L5 distribution. He has mild weakness in the EHL (extensor hallucis longus) muscle, and tibialis anterior bilaterally. He also has positive electromyogram at level L5-S1. He has L5-S1 disc space degeneration and right than left foraminal stenosis. The treatment plan includes medication refills. A request for authorization was submitted for: 1. Soma 350mg, 1 tab twice daily for spasms, #60, RFA 10-02-20152. Lyrica 75mg, 1 tab twice daily for pain #60, RFA 10-02-2015A utilization review decision 10-09-2015 modified the requests to non-certify the Soma 350mg#60, and certify the Lyrica 75mg, 1 tab twice daily for pain #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, 1 tab twice daily for spasms, #60, RFA 10/02/2015: 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).

Decision rationale: The injured worker sustained a work related injury on 11-16-2012. The medical records provided indicate the diagnosis of lumbar disc herniation and disc disease with left L5 radicular symptomology and left greater than right shoulder sprain-strain. Treatments have included Percocet, Lyrica, and Soma. The medical records provided for review do not indicate a medical necessity for Soma 350mg, 1 tab twice daily for spasms, #60, RFA 10/02/2015. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Carisoprodol (Soma, Soprodal) is a muscle relaxant that is recommended to be used not for not longer than 2-3 weeks. The medical records indicate the injured worker has been using it at least since at least 07-28-2015. The request is not medically necessary.