

Case Number:	CM15-0037824		
Date Assigned:	03/06/2015	Date of Injury:	07/31/2007
Decision Date:	04/16/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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 47 year old female who sustained an industrial injury on July 31, 2007. She has reported lower back pain and has been diagnosed with status post lumbar redo decompression surgery L4-5, L5-S1 secondary to lumbosacral degenerative disc disease, history of lumbar spinal stenosis status post L4-5 interbody and posterolateral fusion, severe neuropathic pain, and chronic pain syndrome. Treatment has included surgery, medications, and physical therapy. Currently the injured workers lumbar range of motion showed very limited flexion-extension, side bending. There was mild tenderness on palpation to her lumbar paraspinals. The treatment plan included Soma and other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg Qty 120 for 30 day supply with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 01/20/15 progress report provided by treating physician, the patient presents with low back pain. The request is for SOMA 350MG QTY 120 FOR 30 DAY SUPPLY WITH 1 REFILL. The patient is status post lumbar redo decompression surgery L4-5, L5-S1 secondary to lumbosacral degenerative disc disease; and L4-5 interbody and posterolateral fusion. RFA not provided. Patient's diagnosis on 01/20/15 included history of lumbar spinal stenosis, severe neuropathic pain and chronic pain syndrome. Patient medications include Soma, Norco, Cymbalta, Xanax and Temazepam. Patient's work status is not available. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents arecarisoprodol,cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine(Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."Soma is prescribed for muscle spasms. Soma has been included in patient's medications, per treater reports dated 09/02/14, 11/17/14, and 01/20/15. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Furthermore, the request for quantity 30 with 1 refill does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.