

Case Number:	CM15-0047860		
Date Assigned:	03/19/2015	Date of Injury:	08/14/2002
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/13/2015

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: New York

Certification(s)/Specialty: Internal 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 was a 54 year old male, who sustained an industrial injury, August 14, 2012. The injured worker previously received the following treatments home exercise program, Soma and Norco. The injured worker was diagnosed with sprain/strain cervical spine, sprain/strain of the lumbar spine, posterior disc protrusion C5-C6, C6-C7, C7-T1 and disc protrusion at L2-AL3, L3-L4 and L5-S1. According to progress note of February 12, 2015, the injured workers chief complaint was frequent flare-ups of low back pain and numbness with radiating pain into the lower extremities down to the feet. The injured worker rated the pain with pain medication at a 3 and without pain medication 6-7 out of 10; 1 being the least amount of pain and 10 being the worse pain. The back pain was exacerbated by prolonged sitting, driving standing, walking activities as well as activities of daily living. The physical exam noted decreased range of motion and increased pain with extension and flexion. The treatment plan included prescription renewal for Soma for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 tablets of Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29, 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant prescribed in this case. This medication is sedating. There are no reports that show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Per the MTUS, Soma is not indicated. The requested medication is not medically necessary.