

Case Number:	CM15-0059389		
Date Assigned:	04/03/2015	Date of Injury:	02/14/2013
Decision Date:	05/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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: Family Practice

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 45 year old male, who sustained an industrial injury on 02/14/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar four to five disc protrusion, cervical intervertebral disc disorder with myelopathy, lumbar disc herniation, cervical spine herniated nucleus pulposus at cervical five through seven, lumbar sacral herniated nucleus pulposus at lumbar five to sacral one, and spasticity to the cervical and lumbar spine. Treatment to date has included lumbar epidural, physical therapy, and a pain medication regimen. In a progress note dated 02/26/2015 the treating physician reports complaints of spasm and cramps to the lower back and a pain rating of a three out of ten. The treating physician also reports tingling and numbness to the right hand. The treating physician requested Soma 350mg one by mouth at bedtime with a quantity of 30 for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

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

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patient's with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Soma are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Soma is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. The record indicates this worker has been on this medication for longer than that period of time with no documentation of benefit such as reduction in spasm or pain as a result of the medication.