

Case Number:	CM15-0231204		
Date Assigned:	12/07/2015	Date of Injury:	10/20/2012
Decision Date:	01/11/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	11/24/2015

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:

The injured worker is a 63 year old female, who sustained an industrial injury on 10-20-12. The injured worker was diagnosed as having chronic lumbar back pain with disc bulges at L4-L5 and L5-S1, Lumbar spinal stenosis L4-L5, chronic bilateral lower extremity radicular symptoms, insomnia, and sexual dysfunction secondary to low back pain. Treatment to date has included physical therapy, acupuncture, and medications. Diagnostics studies included MRI lumbar spine (10- 5-15). Currently, the PR-2 notes dated 9-23-15 indicated the injured worker complains of lower back pain and pain radiating down her right leg to the level of her right knee. She is having difficulty walking, sitting for longer than 30 minutes. She has had acupuncture which she reports helped to reduce her pain and she would like to be able to continue with acupuncture. She reports good results with Celebrex but afraid to take too much in fear of side-effects. She was able to cut down on Vicodin by taking the Celebrex and getting acupuncture treatments. She is still taking Soma for her muscle cramps but does not take it on a daily basis. The provider notes a physical examination for the lumbar spine with documentation of paralumbar tenderness from L1 to L5-S1 with right-sided spasms in the thoracic and lumbar area. The MRI of the lumbar spine done on 10-5-15 report documents "Degenerative disc disease at L2-3 through L5-S1, degenerative joint disease and synovitis in the facet joints at L3-4, L4-5 and L5-S1, right paracentral disc herniation L4-5 and L5-S1 entrapping the right L5-S1 nerve at the right lateral recess." The provider's treatment plan includes a request for renewal of the acupuncture and refills on medication. A PR- 2 note dated 6-22-15 indicated she may continue Soma 350mg p.o. every 6 hours PRN for her muscle spasms. He notes she did not take this every day. A Request for

Authorization is dated 11-24-15. A Utilization Review letter is dated 11-23-15 and non-certification for Soma 350mg QTY 30. A request for authorization has been received for Soma 350mg QTY 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in October 2012 when she had low back pain and left buttock numbness while working as a registered nurse. An MRI of the lumbar spine in November 2012 showed findings of L4/5 degenerative disc disease with right-sided stenosis. In November 2013 Soma was prescribed. Muscle relaxants have also included Amrix and Baclofen. When seen by the requesting provider she was having ongoing back pain and radiating symptoms from the right leg to her knee. She was having ongoing difficulty walking and had a limited sitting tolerance. She wanted to continue acupuncture treatments which had helped previously. She was continuing to take Soma for muscle cramps. Vicodin and Celebrex were also being prescribed. Physical examination findings included decreased lumbar spine range of motion. There was thoracic and lumbar tenderness with right-sided thoracic and lumbar spasms. Authorization was requested for an additional 12 acupuncture treatments. Vicodin and Soma were refilled. An MRI of the lumbar spine in October 2015 included findings of multilevel facet arthritis with right lateralized disc protrusions at L4/5 and L5/S1 with L5 and S1 nerve entrapment. 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. She has ongoing muscle spasms and Soma appears to be ineffective. Prescribing Soma is not considered medically necessary.