

Case Number:	CM15-0232012		
Date Assigned:	12/07/2015	Date of Injury:	12/05/1995
Decision Date:	01/19/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	11/25/2015

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, Hawaii

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 57 year old female who sustained an industrial injury on 12-5-95. A review of the medical records indicates she is undergoing treatment for low back pain, thoracolumbar radiculopathy, chronic pain syndrome, lumbar post-laminectomy syndrome, muscle spasm of the back, insomnia, depressive episodes, and pain disorder with related psychological factors. Medical records (6-25-15, 7-23-15, 8-20-15, 9-17-15, 10-15-15, and 11-12-15) indicate ongoing complaints of low back pain that radiates to bilateral legs with associated numbness and tingling. She rates her pain "5-6 out of 10" with medications and "7-9 out of 10" without medications. She reports that her pain is worse at night. The physical exam (11-12-15) reveals "some difficulties" with range of motion of the lumbar spine due to pain. Tenderness is noted of the lumbar spine, lumbar paraspinal muscles, and lumbar facets at L4-S1. Lumbar facet loading maneuvers are noted to be positive. Diagnostic studies have included urine toxicology screening on 5-26-15 - inconsistent for Soma, 7-23-15 - positive for THC, 8-20-15 - inconsistent for Soma, and 9-17-15 - positive for THC. Treatment has included epidural steroid injections, low-impact activities, and medications. Her medications include Baclofen, Cymbalta, Gabapentin, Percocet, and Soma as needed (since at least 6-25-15). The utilization review (11-24-15) includes a request for authorization of Soma 350mg #180. The request was modified to a quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: 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 patient presents with ongoing complaints of low back pain that radiates to the bilateral legs with associated numbness and tingling. The current request is for Soma 350mg #60. The treating physician states, in a report dated 11/12/15, "Soma 350 mg 1 tab BID PRN for evening and nighttime muscle spasms with insomnia." (73B) The MTUS Guidelines page 29 on carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule IV controlled substance). In this case, the patient has been prescribed Soma since at least 06/25/15. MTUS Guidelines do not support the long-term use of Soma. The current request is not medically necessary.