

Case Number:	CM14-0122674		
Date Assigned:	08/06/2014	Date of Injury:	01/02/2009
Decision Date:	10/14/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32 year old male who sustained an injury on 1/2/09. As per the report of 5/23/14, the injured worker complained of pain to the low back and both legs. The pain has failed to adequately respond to more conservative treatment including physical therapy, time, rest, and medications. His pain worsens with bending, lifting, sitting, or standing for extended periods as well as lying down for extended periods. His pain can adversely affect his mood, sleep, and social life. An exam performed on the injured worker indicated full range of motion in the back with pain on extension and tenderness with palpation over the bilateral lumbar paraspinal musculature. Trigger points were noted over taut bands with an observed twitch response. The seated root test was positive at 45 degrees. The motor and sensory exam was normal. He had lumbar epidural steroid injection undated without relief, a spinal cord stimulator on 8/13/13, a lumbar discectomy in May of 2010, and lumbar fusion in September 2011. The urine toxicology on 2/6/14 indicated prescribed medications of Soma and Ultram were not detected. Current medications include tramadol, Soma, and Pepcid. Treatments until this date have included physical therapy with moderate relief, chiropractic without relief, acupuncture without relief, massage with minimal relief, injections, lumbar-sacral orthosis brace, and medications. He has tried Gabapentin and Flector patches, but they were not helpful. He received a trigger point injection on 3/3/14 which provided 30% relief of spasms and had another one on 6/26/14. His diagnosis included: Myositis, muscle spasm and low back pain. The request for Soma 350mg #120 1 refill was denied on 7/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 65.

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

Decision rationale: Per guidelines, Soma is not indicated for long-term use. Carisoprodol (Soma) is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states, but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for this medication's sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) to prevent side effects of cocaine; (3) to produce relaxation and euphoria with tramadol; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin; and (5) as a combination with codeine. In this case, there is little to no evidence of substantial spasm, refractory to first line therapy. There is no documentation of any significant functional improvement with continuous use. Long term use of antispasmodics is not recommended. Therefore, the request is not medically necessary and is not medically necessary.