

Case Number:	CM14-0185316		
Date Assigned:	11/13/2014	Date of Injury:	12/30/2003
Decision Date:	12/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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 Occupational Medicine 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:

This is a 66-year-old male with a 12/30/03 date of injury, when he was pulling a chocker out of the mud and as he grabbed it with his left arm to pick it up he felt pain thought his entire back. The patient was seen on 10/21/14 with complaints of increased low back pain with radiation to the left leg and pain in the neck. Exam findings of the lumbar spine revealed a healed surgical incision and spasm. The range of motion was limited due to pain, SLR (straight leg raise) was positive on the left at 60 degrees and Lasegue's test was positive on the left. The exam of the cervical spine revealed painful and decreased range of motion, facet tenderness and radiculopathy on the left at the C5-C6 level. The patient has been noted to be on Norco 5/325, Terocin cream, Duexis and Norflex ER 100 mg. The progress notes indicated that the patient was utilizing muscle relaxants at least from 12/2013. The diagnosis is status post lumbar spine fusion, degeneration of cervical and lumbar intervertebral discs and left knee strain. Treatment to date: lumbar spine fusion, work restrictions, physical therapy and medications. An adverse determination was received on 10/8/14 given that the medication was used on a chronic basis and no exceptional factors were presented to consider as an outlier to the guidelines.

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
Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65. Decision based on Non-MTUS Citation FDA (Carisoprodol (Soma®))

Decision rationale: CA MTUS states that Carisoprodol (Soma) is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. However the progress notes indicated that the patient was utilizing muscle relaxants at least from 12/2013, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the progress note dated 10/21/14 stated that the patient was utilizing Norflex ER 100 mg. Additionally, there is no rationale with regards to the necessity for an extended treatment with muscle relaxant and there is no discussion regarding necessity for Soma. Lastly, the Guidelines do not support long-term use of muscle relaxants and the patient already exceeded the recommended duration of treatment. Therefore, the request for Soma 350mg, #30 was not medically necessary.