

Case Number:	CM14-0080003		
Date Assigned:	07/18/2014	Date of Injury:	01/12/2006
Decision Date:	09/24/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/30/2014

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 Internal Medicine and Pulmonary Disease 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 58 year old female who reported an injury on 01/12/2006. The mechanism of injury was not specified. Her diagnoses included depression, lumbar spondylosis, and chronic pain syndrome. She had MRI of the lumbar spine on 10/05/2012 and 12/27/2013, and a CT myelogram on 12/22/2012. On 04/14/2014 it was noted that the injured worker presented with foot pain, hand problems, and leg and low back pain. She rated it at 9/10 that is worsened by activities and is not relieved with anything to include medications and heat/ice. She reported falling 6 times in 9 months. She underwent a lumbar fusion in 2006 and 2009. Her treatment history included physical therapy, transcutaneous electrical nerve stimulation, epidural/trigger point injections, and heat therapy. Her medications included Celebrex 200mg twice daily, Lidoderm 5% 1 patch daily, Cymbalta 60mg once daily, Soma 350mg 1 tablet daily, pantoprazole sodium 40mg 3 times daily, and lactulose 10gram 1 packet daily. The treatment plan was for Soma 350mg #30 once daily at night as needed. The rationale for the request and the request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #30 (once daily at night as needed) for low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol/Muscle relaxants.

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

Decision rationale: As per the California MTUS Chronic Pain Medical Treatment Guidelines, Soma is a centrally acting skeletal muscle relaxant. It is not recommended for use and is not indicated for use longer than 3 weeks. The injured worker suffered from low back pain. Her medication treatment consisted of Celebrex 200mg twice daily, Lidoderm patch daily, Cymbalta 60mg daily, and Soma 350mg daily. It was noted that she had been taking Soma for more than 1 year with no documentation that showed the medication is beneficial. Although she was noted to have back pain, there was insufficient clinical documentation stating the injured worker was having muscle spasms. Also, it is unknown if it is beneficial to take Soma with a non-steroidal anti-inflammatory drug. As such, the request for Soma 350mg #30 once daily at night as needed for low back pain is not medically necessary.