

Case Number:	CM14-0094033		
Date Assigned:	07/25/2014	Date of Injury:	12/21/1998
Decision Date:	09/12/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 50-year-old woman injured in 12/21/98 motor vehicle accident; there was injury to the knee and in the mid and low back. Patient had arthroscopy in the knee in 1999 and in the back she has had facet radiofrequency ablation with 50% reduction in pain. There has been treatment with analgesics as well as muscle relaxants, activity restrictions, ice and rest. There is a 5/7/14 report from the requesting physician that indicates that patient has pain that is moderate to severe in lower back. Symptoms are relieved by injection and stretching. Current medications include carisoprodol 350 mg 1-2 at bedtime as needed for spasms 6 days per week or less. She also uses analgesic oxycodone/acetaminophen 7.5 mg-325 mg, tramadol 50 mg. She uses an antidepressant trazodone, Ambien as a sleep aid. Also indicated in the medication list is another muscle relaxant cyclobenzaprine as needed. Diagnoses are chronic pain due to trauma, muscle spasms, chronic; myalgia and myositis unspecified, chronic; degenerative disease lumbar, chronic; facet arthropathy, chronic; derangement of meniscus, chronic. There is noted there is a utilization review certifying 1 refill of soma, tramadol and oxycodone on 3/25 7/14. She takes Soma (carisoprodol) on some nights and Flexeril (cyclobenzaprine) on less serious nights. These are both sedating muscle relaxants. There is no mention if there had ever been any significant break in use of the soma and when she does not use that then she substitutes the other muscle relaxant. There is no indication however that she uses the Soma/carisoprodol very sporadically or episodically for flare-ups only. There is indication that the patient was prescribed soma/carisoprodol as far back as December 2013, thus use is chronic.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 mg 1 to 2 tablets at bedtime as needed spasms QTY. 56: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-65; 124.

Decision rationale: Submitted medical reports indicate this patient's use of soma has been chronic exceeding 90 days. She apparently does use another muscle relaxant some nights instead. Regardless, there does not appear to have been any substantial break from use of the sedating muscle relaxant either Soma or the Flexeril. MTUS guidelines state that muscle relaxants for chronic pain should be used for short-term, 2-3 weeks for acute flare-ups of chronic pain. This patient's use as documented in the available reports is clearly chronic and ongoing. There is also documentation of the spasms are persistent thus the medication is not being effective. MTUS guidelines note that carisoprodol is problematic because it has synergistic effects with opiates and can produce euphoria; patients rapidly develop tolerance and dependence to it. Nothing in the medical reports provided any rationale for why this patient should continue to use this chronically, therefore based upon the evidence and the guidelines, this is not considered to be medically necessary.