

Case Number:	CM15-0017091		
Date Assigned:	02/03/2015	Date of Injury:	03/05/2004
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 3/5/04. She has reported back pain. The diagnoses have included lumbar discogenic disease with history of lumbar fusion, symptomatic hardware lumbar spine, lumbar spine degenerative disc disease and chronic low back pain. Treatment to date has included lumbar fusion, lumbar hardware removal, physical therapy and oral medications. Currently, the injured worker complains of severe pain in low back and legs. Progress noted dated 11/4/14 revealed a healed surgical incision, decreased range of motion, painful range of motion and positive muscle spasms of lumbar spine. On 12/23/14 Utilization Review non-certified Soma 150mg #90, noting it is not recommended for more than 203 weeks of therapy. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/19/15, the injured worker submitted an application for IMR for review of Soma 150mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 150mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29 and 63-65.

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patient's with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Soma are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Soma is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. This request is for an amount exceeding this time period and appears to be being used for chronic symptoms rather than short term for an acute exacerbation.