

Case Number:	CM15-0017228		
Date Assigned:	02/04/2015	Date of Injury:	10/31/2005
Decision Date:	03/23/2015	UR Denial Date:	01/13/2015
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: California
 Certification(s)/Specialty: Emergency Medicine

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 sustained an industrial injury on October 31, 2005, while lifting a box of quarters out of a safe. The diagnoses have included severe pain, urinary incontinence, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, unspecified, lumbago, sacroiliitis, lumbar facet joint pain, spasm of muscle, gastroesophageal reflux disease, sacral back pain, constipation, and dysesthesia. Treatment to date has included a lumbar rhizotomy procedures, physical therapy, epidural steroid injection (ESI), heat/ice, rest, gentle stretching, and medications. Currently, the injured worker complains of low back pain that radiates to the bilateral lower extremities. The Treating Physician's report dated January 6, 2015, noted the injured worker has been on a plane and started having spasms without her Soma with her. Since then the spasms were noted to have increase. Physical examination was noted to show mild tenderness along the lumbosacral area, with dysesthesia and hypoesthesia from the lateral mid-thighs to lateral feet and toes on the right. On January 13, 2015, Utilization Review non-certified Soma 350mg #60, noting there was no documentation contraindicating other muscle relaxants or guideline supported treatment for the injured worker's condition, therefore, the request was modified to approve Soma 350mg #30, to initiate a weaning process and eventual discontinuation as long term use was not supported. The remaining #30 was non-authorized. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 27, 2015, the injured worker submitted an application for IMR for review of Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page 29; Muscle Relaxants, Pages 63-66 Page(s): 29, 63-66.

Decision rationale: The requested Soma 350 mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has mild tenderness along the lumbosacral area, with dysesthesia and hypoesthesia from the lateral mid-thighs to lateral feet and toes on the right. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, trials of other muscle relaxants nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350 mg #60 is not medically necessary.