

Case Number:	CM15-0113439		
Date Assigned:	06/19/2015	Date of Injury:	08/19/2006
Decision Date:	07/20/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/12/2015

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: Arizona, California
 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 62 year old male patient who sustained an industrial injury on 08/19/2006. The accident occurred while working as a sanitation worker dumping a trash bash weighing approximately 20 pounds and twisting with resulting injury. A primary treating office visit dated 05/13/2015 reported the patient with subjective complaint of an increase in low back pain that radiates down the right lower extremity. He reported a constant aching pain in the center and right side of the lower back; and aching pain of the right thoracolumbar region. Objective findings showed tenderness to palpation of the supraspinous ligament T10-12 and L1-3, tenderness to palpation over the right erector spine, and a positive right Lasegue's sign. The following diagnoses are applied: low back pain, aggravation versus exacerbation of symptomatic anterolisthesis L3-4, and aggravation versus exacerbation of right L3 radiculopathy. The plan of care noted the patient recommended participating in physical therapy session, continue with current medications: Voltaren gel, Nabumetone, Gabapentin, Norco 10/325mg, Tramadol 50mg, and Soma. The Gabapentin is to be trialed as he had drowsiness with use of Lyrica. The patient does participate in home exercise program. At a visit dated 03/06/2015 the patient was prescribed Carisoprodol 350mg #60 one tab BID. Back on 02/05/2015 he was prescribed ketoprofen one tab TID # 90. Of note, the patient reported having slipped over the holiday break and noted increased pain in the lower back ever since. A recommendation to undergo a magnetic resonance imaging study of lumbar spine back was made on 01/03/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.