

Case Number:	CM15-0114210		
Date Assigned:	06/22/2015	Date of Injury:	09/25/2003
Decision Date:	07/23/2015	UR Denial Date:	05/11/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on 9/25/03. He reported a low back and neck injury after a fall. The injured worker was diagnosed as having post laminectomy syndrome cervical region, displacement of cervical intervertebral disc without myelopathy, displacement lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis and disorders of back. Treatment to date has included cervical laminectomy, TENS, acupuncture, Cymbalta, Norco, MS Contin; medial branch blocks, transdermal Fentanyl patch, activity restrictions and gym membership. Currently, the injured worker complains of pain in neck, shoulders and low back with radiation down lower extremities. He is noted to be permanent and stationary. The injured worker noted significant relief radiofrequency ablation. Physical exam noted well healed cervical surgical scar, decreased range of motion of cervical area and painful range of motion of lumbar spine. A request for authorization was submitted for refilling Soma, Hydrocodone/acetaminophen, Omeprazole, Senokot, Fentanyl patches and Pamelor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol (Soma) 350mg #30: 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Based on the 06/02/15 progress report provided by treating physician, the patient presents with pain to cervical spine and shoulders, and low back pain that radiates down both lower extremities. The patient is status post cervical spine surgery 2004, lumbar spine procedure 2006, and right shoulder surgery 2012. The request is for Carisoprodol (Soma) 350mg #30 RFA with the request not available. Patient's diagnosis on 06/02/15 included cervical post-laminectomy syndrome, displacement of cervical intervertebral disc without myelopathy, unspecified thoracic or lumbosacral neuritis or radiculitis, and other symptoms referable to back. The patient ambulates with a normal gait. Physical examination to the lumbar spine on 06/02/15 revealed spasm and tenderness to palpation to paraspinal region at L3. Range of motion was decreased, especially on extension 10 degrees. Treatment to date has included surgeries, TENS, acupuncture, medial branch blocks, activity restrictions, gym membership, and medications. Patient's medications include Carisoprodol (Soma), Hydrocodone and Fentanyl patches. The patient is permanent and stationary. Treatment reports were provided from 06/10/14 - 06/02/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Carisoprodol (Soma) has been included in patient's medications, per progress reports dated 06/10/14, 02/02/15, and 06/02/15. MTUS recommends Soma, Carisoprodol only for a short period (no more than 2-3 weeks). The patient has been prescribed Soma at least since 06/10/14, which is almost 1 year from UR date of 05/11/15. This request is not in accordance with guideline recommendations. Therefore, the request is not medically necessary.