

Case Number:	CM15-0115785		
Date Assigned:	06/24/2015	Date of Injury:	11/01/2001
Decision Date:	07/29/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York
 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 62 year old, female who sustained a work related injury on 11/1/01. The diagnoses have included postlaminectomy syndrome cervical region, postlaminectomy lumbar region/failed back syndrome, lumbosacral neuritis/radiculitis, lumbar disc disease, scoliosis and muscle spasm. Treatments have included oral medications, intrathecal pain pump, back surgeries and physical therapy. In the PR-2 dated 5/13/15, the injured worker complains of mid and low back pain, bilateral leg pain and neck pain. She rates her pain level a 7/10. At best, she states pain severity is an 8/10 and at worst, it is a 10/10. On physical examination, she has decreased range of motion in low back. She has tender trigger points in the low lumbar areas bilaterally. She has tenderness over the lower lumbar facet joints. She states the medications she takes help to decrease pain and help her to better perform her activities of daily living. She is being titrated down on her use and dosage of Oxycodone. Her pain has remained the same through the weaning process. The treatment plan includes a prescription for Soma to help with nocturnal muscle spasms.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle Relaxants, Weaning of Medications Page(s): 29, 63, 65, 124.

Decision rationale: Per CA MTUS guidelines, this medication is not indicated for long-term use. Evidence does not recommend Soma (Carisoprodol) for chronic use. It is recommended for treatment no longer than 2 to 3 weeks. "Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects." Soma is an antispasmodic agent. It is undetermined on how long she has been on this medication, but records support it has been a minimum of 6 months. There is no documentation on how the Soma is working to help relieve her pain/spasms. Documentation does not support that Soma helps to decrease her pain or to improve her functional abilities to complete activities of daily living. In several prior progress notes, the provider has discussed with the injured worker the need for weaning of medications. Therefore, the request for Soma is not medically necessary.