

Case Number:	CM15-0123074		
Date Assigned:	07/07/2015	Date of Injury:	09/25/2003
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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: North Carolina
 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 was a 60 year old male, who sustained an industrial injury, September 25, 2003. The injured worker previously received the following treatments Soma, Prilosec, Pamelor, Fentanyl Patches, Hydrocodone, left cervical facet joint injections, TENS (transcutaneous electrical nerve stimulator) unit, radiofrequency neurotomy of the right mid to lower lumbar region. The injured worker was diagnosed with Crohn's disease, hypertension, overweight, psychiatric illness, irritable bowel syndrome, cervical spondylosis, status post anterior cervical fusion of C3-C4 and C4-C5, cervical facet disease above and below the fused level, adjacent level degenerative disc disease and mild stenosis to the cervical fusion, lumbar facet arthropathy with excellent results from facet radiofrequency neurotomy. According to progress note of June 2, 2015, the injured worker's chief complaint was right low back pain. The right lower back pain was reduced by 50% with pain medications and has reduced the pain medications by 30%. The physical exam noted tenderness with palpation of the paracervicals, otherwise the exam was normal. There was no decreased range of motion of the cervical neck due to pain. There was normal motor strength and range of motion of the upper extremities. The injured worker walked with a normal gait without limp or ambulatory device. The examination of the lumbar spine noted tenderness of the paraspinal region at L3 with spasms. There was pain with extension only of the lumbar spine. The lower extremity motor strength was normal. The treatment plan included a prescription renewal for Carisprodol (Soma).

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 Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.