

Case Number:	CM15-0124837		
Date Assigned:	07/09/2015	Date of Injury:	12/01/1999
Decision Date:	09/21/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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: Internal 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 56 year old male, who sustained an industrial injury on December 1, 1999. He reported neck pain and low back pain with pain, tingling and numbness radiating to the bilateral lower extremities. The injured worker was diagnosed as having pseudoarthrosis of the cervical spine, status post lumbar and cervical fusion. Treatment to date has included radiographic imaging, diagnostic studies, sacroiliac injection, conservative care, medications and work restrictions. Currently, the injured worker complains of continued neck pain and low back pain with pain, tingling and numbness radiating to the bilateral lower extremities. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 28, 2015, revealed continued pain as noted with associated radicular symptoms in the bilateral lower extremities. He reported improvement for one hour following a previous sacroiliac injection. Updated magnetic resonance imaging of the cervical spine revealed protrusion and pseudoarthrosis, annular tear and post-surgical changes. Evaluation on June 9, 2015, revealed continued pain as noted. He rated his pain at 8 on a 1-10 scale with 10 being the worst. Medications were renewed including the active medication Soma. Soma 350mg, 1 by mouth, two (2) times per day, #60 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 by mouth two (2) times per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 65.

Decision rationale: Per the California (CA) MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for months and the quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. The request for Soma 350mg 1 by mouth two (2) times per day, #60 is not medically necessary.