

Case Number:	CM15-0125024		
Date Assigned:	07/09/2015	Date of Injury:	03/27/2002
Decision Date:	09/04/2015	UR Denial Date:	06/09/2015
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: 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 34 year old male, who sustained an industrial injury on 03/27/2002. He reported immediate onset of intense pain in his lower back, radiating down to his knee. Initial pain traveled down the right leg but later involved both extremities. Treatment to date has included medications, surgery, sacroiliac injections, trigger point injections and physical therapy. According to a progress report dated 06/01/2015, the injured worker had low back pain radiating occasionally up toward the upper lumbar and lower thoracic region. His pain currently ranged from 4-8 on a scale of 1-10 with a burning and stabbing quality. He reported some intermittent neuropathic pain and difficulty sleeping from time to time, which was managed by Neurontin that he had left over. He was back to work full- time with some restrictions. He reported that injections and medications had allowed him to be more social and active. Current medications included Norco 10-325 mg 1-2 daily taper down, Soma 350 mg 1-2 every day as needed taper down, Oxycontin 30 mg 1 every afternoon, every evening and at night and Oxycontin 40 mg 1 every morning. Physical examination was noted as no acute distress, antalgic gait and no untoward pain behavior. Diagnoses included sacroiliitis not elsewhere classified, postlaminectomy syndrome of lumbar region, lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, fasciitis not otherwise specified and encounter for long-term use of other medications. The provider noted that the injured worker had been prescribed opiate containing medications or other controlled substances in order to hopefully relieve their chronic intractable pain as well as hopefully increase their ability to achieve a higher level of daily function. A medication agreement had been signed by the injured worker. Medications not only provided pain relief but also provided

enhanced ability to perform activities of daily living. The treatment plan included further tapering of opioid medication. He remained generally improved following the last trigger point injection. Prescriptions were given for Norco 10-325 mg 1-2 daily, taper down quantity 30, Soma 350 mg 1-2 every day as needed, taper down quantity 45, Oxycontin 30 mg 1 every afternoon, 1 every evening and 1 at night quantity 90 and Oxycontin 40 mg 1 every morning quantity 30. He was to follow up in four weeks. Currently under review is the request for Soma 350 mg, 45 count. Records submitted for review show that the injured worker has been utilizing muscle relaxants consistently since 2012. According to a progress report dated 02/04/2014, the provider noted that medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs and muscle relaxants had failed to control pain. Treatment of Soma was first started on 05/07/2014 and had been consistently prescribed since that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, 45 count: 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 Functional Restoration Approach to Chronic Pain Management, Muscle Relaxants, Carisoprodol Page(s): 9, 63-65.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there was no additional benefit shown in combination with non-steroidal anti-inflammatory drugs (NSAIDs). Efficacy appeared to diminish over time and prolonged use of some medications in this class may lead to dependence. MTUS guidelines do not recommend Carisoprodol for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a scheduled IV control substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. In this case, the injured worker has been using muscle relaxants since 2012. Soma had been consistently prescribed since 05/07/2014. According to the provider, the injured worker was being treated for chronic pain. There was no mention of acute exacerbation of chronic pain. In addition, guidelines do not recommend long-term use of muscle relaxants. Soma is not recommended for longer than 2-3 weeks. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with use of the requested treatment. Medical necessity for the requested treatment was not established. The requested treatment is not medically necessary.

