

Case Number:	CM15-0128516		
Date Assigned:	07/16/2015	Date of Injury:	12/21/1998
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 51 year old female who reported an industrial injury on 6/12/2012. Her diagnoses, and or impression, were noted to include: muscle pain; localized primary osteoarthritis; knee pain; polymyalgia rheumatica; inflamed sacroiliac joint; lumbar spondylosis without myelopathy; lumbar radiculopathy; lumbar facet arthropathy; degeneration of the lumbar inter-vertebral discs; enthesopathy of the hip region; low back pain; spasms; thoracic radiculopathy; osteoarthritis; and chronic pain due to injury . Recent x-rays of the lumbar spine were done on 4/28/2015; and the most recent magnetic imaging studies of the lumbar spine were stated to have been done on 3/17/2015. Her treatments were noted to include injection therapy; medication management; and rest from work. The progress notes of 3/17/2015 reported complaints of moderate low back pain that radiated to the lower extremities, with numbness/tingling, aggravated by activities and relieved by pain medications. Objective findings were noted to include mild distress; overweight; and tenderness and decreased range-of-motion in the lumbar spine. The physician's requests for treatments were noted to include the continuation of Soma, as needed, for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma tablets 250mg quantity 60 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for low back and right lower extremity pain. He underwent right ankle ligament reconstructive surgery. When seen, pain was rated at 8/10. Medications were decreasing pain to 5-6/10. His BMI was over 35. There was decreased lumbar spine range of motion with tenderness. There was decreased ankle range of motion with a healed surgical incision. Ultram and Peri-Colace were prescribed. Authorization for a topical compounded cream was requested. The claimant sustained a work injury in June 2012 and continues to be treated for radiating low back pain. When seen, she was having moderate to severe pain. Physical examination findings included moderate pain with lumbar spine range of motion. Her BMI was over 27. Current medications included Cyclobenzaprine and Soma. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed Carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Flexeril was also an active medication and prescribing another muscle relaxant would be duplicative. Prescribing Soma was not medically necessary.