

Case Number:	CM15-0129076		
Date Assigned:	07/15/2015	Date of Injury:	01/18/2011
Decision Date:	08/11/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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:

The injured worker is a 62 year old male who sustained an industrial injury on 01/18/11. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, and a spinal cord stimulator trial. Diagnostic studies are not addressed. Current complaints include low back pain radiating to the bilateral lower extremities, neck pain as well as upper extremity pain. Current diagnoses include recurrent left rotator cuff tear, left biceps tendon rupture, lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy, lumbar facet arthropathy, and sacroiliac joint arthropathy. In a progress note dated 05/21/15 the treating provider reports the plan of care as a permanent spinal cord stimulator, daily exercises and stretches, a urine drug screen, and medications including Percocet and Soma. The requested treatment includes Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Carisoprodol (Soma), Weaning of Medications Page(s): 78-80, 93, 124.

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

Decision rationale: The claimant sustained a work injury in January 2011 and continues to be treated for radiating back pain. He had spinal surgery and has undergone a spinal cord stimulator trial. When seen, pain was rated at 10/10. His BMI was over 31. Physical examination findings included appearing in severe distress. There was an antalgic gait with use of a cane. There was diffuse lumbar paraspinal muscle tenderness with tightness and spasms and severe tenderness over the facet joints. There was decreased lower extremity sensation and left lower extremity strength with an absent left ankle reflex. Percocet and Soma were refilled. 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. Prescribing Soma was not medically necessary.