

Case Number:	CM15-0129715		
Date Assigned:	07/16/2015	Date of Injury:	10/28/2002
Decision Date:	08/18/2015	UR Denial Date:	06/05/2015
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: New York

Certification(s)/Specialty: Anesthesiology

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 69 year old male who sustained an industrial injury on 10/28/2002. Current diagnoses include lumbar degenerative disc disease with radiculopathy, status post L4-5 laminectomy and auto fusion, and L2-3 spinal stenosis. Previous treatments included medications, epidural steroid injections, and lumbar surgery. Report dated 05/26/2015 noted that the injured worker presented with complaints that included chronic low back pain and bilateral leg pain. Pain level was not included. Physical examination was positive for mild tenderness in the lumbar area, discomfort with range of motion, no pelvic tilt, straight leg raise in positive on the right, diminished motor testing on the right, and diminished sensation in the right anterolateral leg and bilateral feet. The treatment plan included follow up in 30 days, request for bilateral S1 transforaminal epidural steroid injection, and prescriptions for hydrocodone-acetaminophen, omeprazole, and Soma. Employment status was documented as disabled. Medical records submitted for review support that the injured worker has been prescribed Soma since at least 12/16/2014. Disputed treatments include Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #120 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, and Carisoprodol (Soma) Page(s): 29, 63 and 65.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain." Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Documentation provided supports that the injured worker has been prescribed carisoprodol (Soma) since at least 12/16/2014. There is no documentation submitted to support improvement in reducing pain or increasing function with the use of this medication. Therefore the request for Soma 350 mg #120 for 30 days is not medically necessary.