

Case Number:	CM15-0175046		
Date Assigned:	09/16/2015	Date of Injury:	08/05/2013
Decision Date:	10/16/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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 38 year old female, who sustained an industrial injury on August 5, 2013. The injured worker was diagnosed as having lumbar disc disorder, lumbar facet syndrome, lumbar radiculopathy, sacroiliitis, and sacroiliac pain. On July 28, 2015, the injured worker reported ongoing lower back pain with improvement in pain level since the last visit. Associated symptoms include muscle spasms. Her medications decreased her pain and improved her function. She is able to more of her basic household activities of daily living, such as cooking, cleaning, and shopping with increased endurance and tolerance. Her pain was rated 3 out of 10 with medications and 8 out of 10 without medications. She has decreased performance of activities of daily living and home exercise program without her medications. She reported significant relief from bilateral sacroiliac joint injections. Her current medications included Tylenol with codeine #3 and Soma 350mg. The physical exam (July 28, 2015) revealed restricted lumbar range of motion, tenderness of the bilateral paravertebral muscles and the L4 (lumbar 4) and L5 (lumbar 5) facets, positive bilateral facet loading, and positive bilateral straight leg raise at 30 degrees. Treatment has included a home exercise program, a functional restoration program, bilateral sacroiliac joint injections on July 24, 2015, and medications including pain (Tylenol with codeine #3), antidepressant (Lexapro), and muscle relaxant (Soma 350mg since at least March 2015). On July 29, 2015, the requested treatments included Soma 350mg #24.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: A claimant sustained a work injury in August 2013 and continues to be treated for low back pain with secondary depression. When seen, there was decreased and painful lumbar spine range of motion with paraspinal tenderness. There was lumbar facet tenderness with positive facet loading. Gaenslen testing and straight leg raising were positive. There was decreased lower extremity strength and sensation. Medications were refilled including Soma, which had been prescribed since at least February 2015. 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. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma was not medically necessary.