

Case Number:	CM15-0175961		
Date Assigned:	09/17/2015	Date of Injury:	12/07/2005
Decision Date:	10/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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 65-year-old female, who sustained an industrial injury on December 7, 2005, incurring back, shoulder, knee and wrist injuries. She was diagnosed with lumbar degenerative disc disease, lumbar stenosis, lumbar disc herniations, lumbar radiculopathy, cervical degenerative disc disease, cervical stenosis, cervical disc herniations, right medial meniscus tear, and bilateral degenerative joint disease of both knees. Treatment included diagnostic imaging, surgical interventions, physical therapy, acupuncture, chiropractic sessions, bracing, knee supports, epidural steroid injection, pain medications, muscle relaxants, anti-inflammatory drugs, neuropathic medications, anti-anxiety medications, and sleep aides, transcutaneous electrical stimulation, cervical traction and activity restrictions. Currently, the injured worker complained of low back, lower extremity, and shoulder, hand and knee pain. On May 11, 2013, a cervical spine Magnetic Resonance Imaging revealed stenosis, disc bulging and facet hypertrophy. Lumbar Magnetic Resonance Imaging revealed disc bulging, facet hypertrophy and narrowing of the thecal sac causing stenosis. She complained of persistent stabbing, burning pain in the low back rated 7 out of 10 on a pain scale. This pain radiated into the bilateral lower extremities experiencing severe weakness. Bending and prolonged standing increased her pain. She reported she had to modify her activities. She noted difficulty sleeping and awakens with muscle spasms and cramps. The treatment plan that was requested for authorization on September 8, 2015, included a prescription for Soma 350mg #120. On August 13, 2015, a request for a prescription for Soma was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma tab 350mg #120, 1 tab po QID/PRN: 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), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury occurring in December 2005 and continues to be treated for radiating low back pain when, while working as a nurse she fell backwards from a chair. When seen, she had worsening pain. She was having episodes of widespread diffuse pain and had been to a hospital for pain relief. Physical examination findings included a BMI of over 32. There was cervical and lumbar tenderness with decreased range of motion. There was positive straight leg raising. There was decreased upper and lower extremity strength and decreased lower extremity sensation. She was ambulating with a cane. Medications were refilled. Soma was being prescribed and had been prescribed since at least January 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.