

Case Number:	CM15-0178769		
Date Assigned:	09/21/2015	Date of Injury:	07/14/2007
Decision Date:	10/29/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 58 year old male who sustained an industrial injury on 07-14-2007. Medical records indicate he has chronic lumbar pain, lumbar radiculopathy, multiple lumbar surgeries, and a history of right shoulder arthroscopy surgery with residual pain. Treatment to date has included medications including Soma, Norco and Prevacid. In the provider notes of 08-03-2015, the injured worker complains of lumbar spine pain rated an 8 on a scale of 10 without medication and with minimal activity. Spasm and tenderness were noted over the lumbar spine with decreased range of motion. He uses a cane to ambulate. Gait is antalgic. A request for authorization was submitted for Soma Qty 90. A utilization review decision 09-09-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma Qty 90: 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: Based on the 8/28/15 progress report provided by the treating physician, this patient presents with low back pain, right upper extremity pain, rated 8/10 without medication. The treater has asked for soma qty 90 on 8/28/15. The request for authorization was not included in provided reports. The patient has epigastric pain, for which he takes occasional Prevacid per 8/28/15 report. The patient continues to have difficulty doing much activity above shoulder level per 8/28/15 report. The patient has been using a cane for ambulation per 8/28/15 report. The patient has a history of right shoulder arthroscopic surgery with residual pain per 8/28/15 report. The patient's work status is not included in the provided documentation. MTUS, Soma, Muscle relaxants (for pain) section, pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects." Per 8/28/15 report, the treater is requesting Soma #90. It is not known how long patient has been taking Soma, but he is currently taking Soma per 8/28/15 report. Utilization review letter dated 9/9/15 denies request due to lack of documentation of an exacerbation since original 2007 injury. MTUS recommends antispasmodic agents such as Soma, only for a short period (no more than 2-3 weeks). In conjunction with prior usage, the current request for Soma does not indicate short-term use and would exceed guideline recommendations of 2-3 weeks of use. Therefore, the request IS NOT medically necessary.