

Case Number:	CM15-0068829		
Date Assigned:	04/16/2015	Date of Injury:	07/12/2002
Decision Date:	05/20/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/10/2015

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: Internal Medicine

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 52-year-old male, who sustained an industrial injury on 7/12/2002. Diagnoses include cervical myofascial sprain/strain, multilevel cervical spine disc bulges, status post lumbar fusion, status post left foraminotomy (2/18/2008), and status post left knee arthroscopy (7/07/2013 and 8/05/2012). Treatment to date has included diagnostics, multiple surgical interventions, epidural steroid injections, facet block injections, nerve root injections, rest, heat, medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 2/10/2015, the injured worker reported constant neck pain rated as 7/10 with associated numbness and tingling in the fingers. He reported constant low back pain rated as 7/10 with radiation to the lower extremities. He received epidural steroid injections approximately one month prior, which helped for 3 weeks. He reported left knee pain rated as 7-8/10 with the use of medications. Physical examination revealed an antalgic gait favoring the left. Cervical spine evaluation revealed moderate paraspinal tenderness bilaterally at levels C1-2, C2-3, C3-4, C4-5, C5-6, C6-7 and C7-T1 with radiation to the lower extremities. Lumbar spine evaluation revealed moderate paraspinal tenderness to palpation bilaterally at the levels of T12-L1, L1-2, L2-3, L3-4, L4-5, L5-S1 and S1 with restricted range of motion. The plan of care included consultations, chiropractic care and medications and authorization was requested for Soma tablets 350mg, Lidoderm 5% patches, a pain management consultation and chiropractic manipulation x 6 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, QTY: 600: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page 29. Muscle relaxants Page 63-65.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in *American Family Physician*, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Medical records indicate the long-term use of Soma (Carisoprodol), which is not supported by MTUS guidelines. The primary treating physician's progress report dated 2/10/15 documented the diagnoses of cervical sprain and strain, status post lumbar spine surgery, and status post left knee arthroscopy. The date of injury was 07-12-2002. The treatment plan included Soma 350 mg #120 with 4 refills. MTUS Chronic Pain Medical Treatment Guidelines state that Soma (Carisoprodol) is not recommended. MTUS and ACOEM guidelines do not support the use of Soma (Carisoprodol). Therefore, the request for Soma (Carisoprodol) 350 mg #600 is not medically necessary.