

Case Number:	CM13-0002926		
Date Assigned:	03/03/2014	Date of Injury:	05/05/2003
Decision Date:	05/20/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/24/2013

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43 year old man with a date of injury of 5/5/03. He was seen by his primary treating physician on 4/17/13 and 5/9/13 for complaints of low back pain and pain and tingling in both lower extremities. His physical exam was significant for decreased lumbar range of motion and and pain and muscle guarding in his paralumbar musculature. He had nerve root tension signs positive for lumbosacral radiculopathy. Electrodiagnostic studies from 5/7/13 showed bilateral L5 radiculopathies. His diagnoses were lumbar disc syndrome and lumbosacral radiculopathy. He was to continue chiropractic care

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol, muscle relaxants Page(s): 29, 63-66.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2003. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute

exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visits in April and May 2013 fails to document any loss of functional status. It is also not clear if this is a new or old prescription and length of therapy or what other agents are being used as first line therapy. Carisoprodol (Soma®) is not recommended or indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The records do not support medical necessity for Soma.