

Case Number:	CM13-0015433		
Date Assigned:	03/12/2014	Date of Injury:	03/31/2006
Decision Date:	04/22/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/22/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas, Florida. 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 patient sustained injury on 3/31/2006. The diagnoses listed are status post left knee and left shoulder surgeries and low back pain. The medications listed are amitriptyline for depression, Tramadol for pain, Soma for muscle spasm and gabapentin for neuropathic pain. The duration of use for these medications were not specified in the records provided. The UDS done on 3/25/2013 did not show any of the prescribed medications but showed the presence of THC, a metabolite of marijuana. The UDS done on 7/11/2013 was inconsistent with the absence of all the prescribed medications. On 7/13/2012, the EMG test was reported as normal while the NCS showed minimal evidence of axonal degeneration of L4 and L5. [REDACTED] documented in 2012 that the patient was on Soma, Percocet, ibuprofen and gabapentin. A Utilization Review determination was rendered on 7/22/2013 recommending non-certification of Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 43, 63-66..

Decision rationale: Soma is a brand name for carisoprodol a centrally acting muscle relaxant with both sedating and addicting properties. The guidelines recommends that treatment with muscle relaxants be limited to short courses not longer than 2-3 weeks in patients who are unresponsive to standard first-line treatment with (NSAIDs) non-steroidal anti-inflammatory drugs and exercise. The available documents indicate that the patient has been on Soma for many years. [REDACTED] documented lack of functional restoration or improvement in ADL since 2012. The UDS of 3/25/2013 showed the presence of aberrant drug behaviors with the presence of marijuana and the absence of all prescribed adjuvant pain medications. The CA MTUS guideline recommend discontinuation of pain medications with addictive or sedative properties in patients with documented aberrant drugs behaviors.