

Case Number:	CM13-0020701		
Date Assigned:	11/08/2013	Date of Injury:	02/21/2000
Decision Date:	08/07/2014	UR Denial Date:	08/04/2013
Priority:	Standard	Application Received:	09/05/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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:

56 year old male injured worker with date of injury 2/21/00 with related mid back pain. Per the progress report dated 7/16/13, the injured worker reported mid back pain that radiated to the low back; right-sided low back and neck pain with radiation to the right shoulder. Per the physical exam, slight tenderness in the mid and lower paracervical muscle with mild spasm, reduced active cervical spine range of motion, slight tenderness and spasm of the parathoracic muscles, and reduced thoracolumbar active ranges of motion were noted. Imaging studies were not available in the documentation submitted for review. The documentation does not state whether physical therapy was utilized. The treatment to date has included medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines page 29, Soma is not recommended. This medication is not 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). Carisoprodol is now scheduled in several states but not on a federal level. 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. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. As this medication is not recommended by MTUS, it is not medically necessary.