

Case Number:	CM13-0038720		
Date Assigned:	02/24/2014	Date of Injury:	08/08/2008
Decision Date:	05/22/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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 Emergency Medicine, 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 patient is a 47-year-old male who was injured on August 8, 2008. The patient continued to experience pain in his low back and right leg. Physical examination was notable for bilateral paraspinal tenderness, right positive facet challenge, decreased sensation to the dermatomes L3.L4.L5, and S1, positive right straight leg raise, and 4/5 motor strength on the right lower extremity. MRI of the lumbar spine dated August 6, 2010 reported levoscoliosis with degenerative disc disease and facet arthropathy and retrolisthesis L5-S1 and neural foraminal narrowing moderate severe at left L4-5, moderate at right L4-5 and moderate at left L5-S1. Treatment included physical therapy without benefit, ice without relief, epidural without benefit, Tens unit with mild relief, and medications with relief. Request for authorization for Soma 350 mg # 30 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

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

Decision rationale: Soma is the muscle relaxant. Carisoprodol is not recommended. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, Tramadol, Hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. The request for Soma 350mg #30 is not medically necessary and appropriate.