

Case Number:	CM13-0049490		
Date Assigned:	12/27/2013	Date of Injury:	12/13/2001
Decision Date:	04/25/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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:

This is a 32 year-old female with complaint of lumbar pain with noted stiffness. This is the result of a work related injury that occurred on 12/13/2001. Since then, she has undergone a microdiscectomy in April of 2004 with failed spinal surgery syndrome. She has been taking Soma for some time to treat her back stiffness and lumbosacral muscle spasm. She is now undergoing withdrawal from Soma (which can cause withdrawal symptoms if withdrawn abruptly). Provided medical documentation demonstrates continuous use of Soma since at least November of 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 SOMA 350MG, 1 TWICE A DAY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), CARISOPRODOL (SOMA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND TREATMENTS Page(s): 64-65.

Decision rationale: Carisoprodol (Soma®), neither of these formulations is recommended for longer than a 2 to 3 week period. Withdrawal symptoms may occur with abrupt discontinuation. Because of the patient's history of use, it is necessary for her to undergo a withdrawal period that

does not inflict harm. As a result, I find the continued use of the medication with a specific titrated reduced dose at the discretion of the treating physician as medically necessary to prevent withdrawal symptomatology.