

Case Number:	CM14-0008088		
Date Assigned:	02/12/2014	Date of Injury:	04/01/2005
Decision Date:	08/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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:

This is a 43-year-old male with a 4/1/05 date of injury. The mechanism of injury was not noted. In a 12/24/13 progress note, the patient claimed that it has been a bad month. His left leg was numb; he fell and landed on his buttock, and was in bed for two weeks. He also passed four big kidney stones since his last visit. He reported that his pain level has not changed since the last visit. Physical findings were limited to vital signs. Diagnostic impression: depressive disorder, lumbar radiculopathy, post lumbar fusion. Treatment to date: medication management, activity modification, surgery. A UR decision dated 1/14/14 denied the request for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol).

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in

several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. According to the progress notes reviewed, the patient has been on Soma since at least 7/10/13, if not earlier. Guidelines do not recommend Soma for long-term use. In addition, the patient is on MS Contin and Percocet. The combination of opioids and Soma can increase the risk of side effects such as sedation. A specific rationale identifying why Soma was required in this patient despite lack of guideline support was not provided. Therefore, the request for Soma 350 mg TID #90 was not medically necessary.