

Case Number:	CM14-0100220		
Date Assigned:	09/23/2014	Date of Injury:	06/13/2011
Decision Date:	12/19/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 68-year-old male with complaints of lumbar radiculopathy. The date of injury is 06/13/11 and the mechanism of injury was not documented. At the time of request for Soma 350 mg, there is subjective (low back pain 5.5/10, GERD symptoms, and activity tolerance; pain averages between 3-8/10; increasing frequent severe exacerbations of back pain and spasms), objective (moderately tender with tightness across the lumbosacral area, left greater than right, with 50% restriction of flexion, 25% with extension and lateral bending and positive SLR on the left. Hypoesthesia and dysesthesia in the left posterolateral leg area to the 4th and 5th toes on the left and DTRs 1+ bilaterally.), findings, imaging/other findings (L-spine MRI dated 09/14/11 revealed disc bulge at L2-3 and L3-4 with protrusion and spinal stenosis, 4 mm anterolisthesis with right lateral disc protrusion and marked spinal stenosis at L4-5, disc bulge with 4 mm anterolisthesis causing mild spinal stenosis at L5-S1, and facet osteoarthritis from L3-4 down to L5-S1.), current medications (ibuprofen, Neurontin, Pepcid, Soma, and Ultram. He has sleepiness from gabapentin), diagnoses (chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, unspecified; lumbar facet joint pain, spasm of muscle, degeneration of lumbar or lumbosacral intervertebral disc, sacroiliitis, not elsewhere classified; lumbago and GERD), and treatment to date (50% improvement with LESI on 12/09/13, PT, chronic pain medication with benefit, activity restriction, and rest. On Soma since at least 01/24/14.)The request for Soma 350 mg one t.i.d. #90 was denied on 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg one TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Carisoprodol(Soma)

Decision rationale: Per CA MTUS guidelines, 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). 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. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). In this case, there is no documentation of home exercise with stretching. There is no documentation of any significant improvement with continuous use. Long term use of antispasmodics is not recommended. Therefore, the request for Soma 350mg one TID #90 is not medically necessary and is non-certified.