

Case Number:	CM14-0106413		
Date Assigned:	09/16/2014	Date of Injury:	09/10/2009
Decision Date:	10/28/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 48 year old female employee with date of injury of 9/10/2009. A review of the medical records indicate that the patient is undergoing treatment for lumbago, enthesopathy of hip region, pain in joint-shoulder region, sciatica. Subjective complaints include ongoing low back pain; neck pain and left leg radiculopathy. Objective findings include MRI from 2010 revealing L5-S1 spondylosis with impingement exiting the right L5 nerve root. Nerve conduction test from 2013 revealed chronic L2-L3 radiculopathy on left side. Exam of lumbar spine revealed normal lumbar lordosis and no pain with flexion/extension. Patient is able to heel/toe walk. The patient has normal rotation and lateral bending. She has pain with direct palpation at the left L5-S1 facet, straight leg raise is positive and has decreased sensation along the L5 nerve distribution of the left leg. Treatment has included two epidurals in 2013 to left L5-S1 x2 and L4-5 which provided about three months of pain relief (then symptoms returned); six sessions of chiropractic care in 2014 which provided pain relief. The utilization review dated 6/24/2014 non-certified the request for Soma 350mg, one tablet at bedtime #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, one tablet at bedtime, #40.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines:Soma.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain), Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol)

Decision rationale: MTUS states "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." ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." Guidelines do not recommend long term usage of SOMA. Treating physician does not detail circumstances that would warrant usage. As such, the request for Soma 350mg, one tablet at bedtime, #40 is not medically necessary.