

Case Number:	CM14-0108251		
Date Assigned:	09/16/2014	Date of Injury:	07/02/2008
Decision Date:	10/20/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation 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:

The patient is a 56 year old male who was injured on 07/02/2008 when he slipped off a loading dock injuring his right leg. The patient underwent caudal epidural steroid injection with steroid on 04/28/2014. The patient's medications as of 03/26/2014 included Lyrica 100 mg, Soma 350 mg, Cialis 10 mg, and Terocin Lotion 2.5-10%. The visual analogue scale with medications is 5-6/10 and without medications is 8/10. A Toxicology report dated 05/21/2014 tested positive for methadone, negative for Soma. The progress report dated 07/16/2014 states the patient complained of back pain radiating from low back to right leg with associated numbness over right foot. He reported his medications work well and reported no side effects. On exam, range of motion of the lumbar spine was restricted with flexion to 35 degrees; extension to 15 degrees; lateral bending to 20 degrees bilaterally; lateral rotation to 30 degrees bilaterally. There is tenderness noted over the sacroiliac spine. Straight leg raise is positive on the right side. The patient is diagnosed with post lumbar laminectomy syndrome and lumbar disc disorder. The patient was instructed to continue with medication regimen which included Soma 350 mg #60. Prior utilization review dated 07/03/2014 states the request for 60 Tablets of Soma 350mg is modified to certify Soma 350 mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: According to the Chronic Pain Medical Treatment 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). 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. 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 evidence of substantial spasm, refractory to first line therapy. There is no documentation of any significant improvement with continuous use. Long term use of antispasmodics is not recommended. Therefore, the request is not medically necessary.