

Case Number:	CM14-0111645		
Date Assigned:	08/01/2014	Date of Injury:	04/26/2010
Decision Date:	10/07/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/17/2014

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:

The patient is a 61-year-old female who has submitted a claim for lumbar disc displacement without myelopathy, lumbar spondylosis, and stenosis of lumbar spine associated with an industrial injury date of April 26, 2010. Medical records from December 2013 to July 2014 were reviewed. Patient complained of chronic lower back pain with radiation to lower left extremity posteriorly through the bottom of the foot, numbness in her foot, and pain along the right lower extremity posteriorly to the knee. Pain has been 10/10 without medications and 5/10 with medications. Physical exam showed thigh flexion against resistance decreased bilaterally but unable to assess accurately due to pain. Lumbar spine sensation is decreased in the dermatomes left L5, Left S1, and decreased along medial aspect of left foot. CT scan of lumbar spine without contrast showed L3-L4 mild diffuse annular disc bulge and L4-L5 mild broad left lateralizing disc protrusion creating moderate central spinal canal stenosis. Appeal letter from 06/26/2014 cited that use of Soma provided significant symptomatic relief and allowed patient to ambulate with less pain. Treatment to date has included physical therapy, soft lumbar brace, epidural steroid injections, and medications: Soma 350mg tablet (since 2013), Opana ER 40mg/tablet, Venlafaxine HCl Er 37.5mg, DSS 250 softgel, Bupropion Sr 150mg/tablet, Gabapentin 300mg/tablet, and Norco 10/325 mg tablet. Utilization review from June 16, 2014 denied the request for Soma 350mg tab #90 because this medication is not indicated for long-term use. There is likewise no documentation for medical necessity or that what is requested is medically reasonable and supersedes the current guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29; Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic availab.

Decision rationale: As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Soma is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. Abuse has been noted for sedative and relaxant effects. Soma is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In this case, the exact initial date of Soma intake was not mentioned. Patient's date of injury was April 26, 2010. However, from progress notes dated December 2013, patient has been taking Soma 350mg/tablet, 1 tablet every 8 hours as needed for muscle spasm since then. Appeal letter from 06/26/2014 cited that use of Soma provided significant symptomatic relief and allowed patient to ambulate with less pain. The most recent physical examination still showed evidence of muscle spasm; however, the guideline does not recommend this medication for long-term use. The medical necessity has not been established. There was no compelling rationale for continued use of this medication. Therefore, Soma 350mg tab #90 is not medically necessary.