MAXIMUS Federal Services

Case Number:	CM14-0113033		
Date Assigned:	08/01/2014	Date of Injury:	07/30/2011
Decision Date:	09/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 injured worker is a 53-year-old individual who sustained an injury on September 19, 1993. The patient has a diagnosis of chronic low back pain, lumbar foraminal stenosis, lumbar radiculitis, and lumbar spondylosis. The disputed request is a request for Soma 350mg number 90, which was modified by a utilization reviewer to Soma 350mg number 60 (a one-month supply). The rationale stated was that guidelines recommended against long-term use of Soma and that this medication has been prescribed for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 65.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 65 states the following regarding Carisoprodol: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to Meprobamate an anxiolytic that is a schedule IV controlled

substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. (See, 2008) (Reeves, 2003) For more details, see Carisoprodol, where it is "Not recommended."The guidelines clearly recommend for short-term use of Soma. It is noted that the patient is also being treated with opiate pain medications. In terms of other muscle relaxants, there is not clear documentation that the patient has failed other muscle relaxants which may lead to less dependent such as Zanaflex, Flexeril, and Baclofen. The notes indicate that the patient has been on Soma since at least August 2011. Therefore, this request is not medically necessary.