

Case Number:	CM14-0146793		
Date Assigned:	09/12/2014	Date of Injury:	10/06/2003
Decision Date:	11/07/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 56-year-old with a date of injury of 10/06/2003. A progress report associated with the request for services, dated 07/29/2014, identified subjective complaints of neck, low back, and bilateral hand pain. Objective findings included tenderness to palpation, decreased range of motion, and pain with range of motion of the neck and low back. Paraspinal spasm was noted. There was decreased sensation in fingers of the left hand as well as carpal tunnel signs. The right hand revealed a scar with some tenderness and decreased sensation in the 5th digit. Diagnoses (paraphrased) included cervical and lumbar disc disease as well as bilateral carpal tunnel syndrome. Details of previous therapy were not included. A Utilization Review determination was rendered on 08/29/2014 recommending not medically necessary of "Soma 350mg #60."

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle Relaxants Page(s): 29; 63-66.

Decision rationale: Soma (Carisoprodol) is a centrally acting Antispasmodic Muscle Relaxant with the Metabolite Meprobamate, a schedule-IV controlled substance. The Medical Treatment Utilization Schedule states that Carisoprodol is not recommended. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. It interacts with other drugs including Benzodiazepines, Tramadol, and Hydrocodone. It is associated withdrawal symptoms and is abused for the above-mentioned effects. Therefore, there is no documented medical necessity for Soma.