

Case Number:	CM14-0182227		
Date Assigned:	11/07/2014	Date of Injury:	06/08/1990
Decision Date:	12/11/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Practice 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:

A 57 yr. old female claimant sustained a work injury on 6/8/90 involving the low back. She was diagnosed with lumbar disc disease, lumbar stenosis, laminectomy syndrome and facet joint pain. A progress note on 10/22/14 indicated the claimant had continued low back pain. Exam findings were notable for lumbar spasms, tenderness to palpation of the lumbar paraspinal region and positive provocative maneuvers. She was recommended to receive radiofrequency nerve ablation and continue her Soma, and Norco for spasms and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for soma 350mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol Page(s): 29.

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar

to heroin. In this case, it was combined with another opioid (Norco) which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.