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| Case Number: | CM14-0184976 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 08/16/2010 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/06/2014 |

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:

The patient is a 35-year-old male with a date of injury on August 16, 2010. The patient is status post lumbar spine surgery in 2013. Postoperative MRI on October 1, 2014 for recurrent pain and paresthesia in legs has revealed 6 mm L4-L5 disc protrusion and 11 mm L5-S1 posterior disc protrusion with nerve root impingement. The patient was seen on October 7, 2014 complaining of low back pain. Plan was for neurosurgery evaluation, Soma for muscle spasm, and Vicodin. Utilization review was performed on October 21, 2014 at which time the request for Vicodin and consultation with neurosurgeon was certified. Recommendation was made to non-certify the request for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma, Muscle relaxants Page(s): 29 and 63-66.

Decision rationale: According to the CA MTUS guidelines, Soma is not recommended. The guidelines also noted that Carisoprodol abuse has also been noted in order to augment or alter

effects of other drugs which includes as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"). The guidelines also point out that there was a 300% increase in numbers of emergency room episodes related to Carisoprodol from 1994 to 2005. In this case, it is noted that Vicodin has been certified, which as noted above in combination with Soma would not be supported. Therefore, this request is not medically necessary.