

Case Number:	CM14-0185241		
Date Assigned:	11/13/2014	Date of Injury:	09/03/2003
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
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 Internal 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 injured worker (IW) is a 56-year-old man with a date of injury of September 3, 2003. The mechanism of injury was not documented in the medical record. Pursuant to a progress note dated October 22, 2014, the IW called the office for a refill of Soma. The Provider reports that he has been seeing the IW periodically for chronic lumbar degenerative disc disease. The last time the IW was seen was August 4, 2014 and the provider refilled his medications at that time. A pain management specialist for a non-industrial issue is also following him. He reports he is getting OxyContin from that doctor. The provider states that he is not longer giving the IW narcotics, but is providing Soma. The provider states that he does not feel comfortable continuing to prescribe Soma. The IW is taking Soma 3 times daily and is also getting medication from another pain management specialist. The primary treating physician is requesting that further care be transferred to the pain management specialist for ongoing treatment. The current treating physician is requesting a one-time refill to allow the IW to get to the pain management specialist. Documentation indicated that the IW has been taking Soma since at least January 31, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodol 350, Vanadom, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65-66.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #120 is not medically necessary. Muscle relaxants are recommended with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory and pain and overall management. Sedation is the most commonly reported adverse effect. In this case, the injured worker has been taking Soma since January 31, 2013. The injured workers it of injury was September 3, 2003. Soma is not indicated for long-term use, however the injured worker has been taking long term (at lease since January 2013). There is no documentation to support its continued long term use and, consequently, Soma 350 mg #120 is not medically necessary. Additionally, there is documentation reflecting the injured worker is receiving prescription medicines from another physician, a pain specialist. Based on clinical information in the medical records and the peer-reviewed evidence-based guidelines, Soma 350 mg #120 is not medically necessary.