

Case Number:	CM14-0020072		
Date Assigned:	04/25/2014	Date of Injury:	11/24/2009
Decision Date:	07/07/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational 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 patient is an employee of [REDACTED] and has submitted a claim for chronic back pain associated with an industrial injury date of November 24, 2009. Treatment to date has included NSAIDs, opioids, muscle relaxants, physical therapy, aquatic therapy, and weight loss program. Soma was prescribed on as-needed basis only. Medical records from 2013 to April 2, 2014 were reviewed. Patient complained of back pain radiating to coccyx, groin, buttocks, and legs, graded 2-9/10, described as constant, aching, and throbbing. Pain was aggravated by bending, twisting, and stooping. Back pain was noted to be alleviated by resting and lying down. Physical exam showed sciatic notch tenderness, and bilateral pelvic brim tenderness. Patient was able to perform toe and heel walking with limping on the left. Range of motion of lumbar spine was restricted at flexion of 30 degrees, extension at 25 degrees, lateral bending at 20/25 degrees, and rotation at 20 degrees bilaterally. Utilization review from January 31, 2014 denied the request for Soma 350MG tablets, #120. Reason for denial of a refill was that Soma, or carisoprodol is not a recommended medication due to its high potential for abuse and dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE SOMA 350MG TABLETS QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29,65.

Decision rationale: According to pages 29 and 65 of the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to Meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. In this case, the patient has been using Soma since August 2011, which is beyond the recommended 2 to 3 week period. Although it was prescribed on as needed basis only, objective findings do not provide evidence for muscle spasm. Furthermore, there is no discussion regarding continued use of Soma despite its high potential for abuse. Therefore, the request for Soma 350MG tablets, #120 is not medically necessary.