MAXIMUS Federal Services

Case Number:	CM14-0027953		
Date Assigned:	06/16/2014	Date of Injury:	06/04/1992
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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 Arizona. 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 44 year old man with a remote injury (1992) to his lumbar spine. He apparently had a laminectomy with a follow up fusion; but, he still has persistent intermittent pain from the L5-S1 nerves and has left lower leg weakness. He also has spinal stenosis. His symptoms are aggravated by prolonged sitting, standing and walking. He reports spasms at night that can waken him. He has made a personal appeal for this Independent Medical Exam (IME) process, stating that taking Soma 350mg 1-2/daily has helped him. His prescription history shows that he obtains 60 pills per month on a regular basis. He is also on Methadone and Hydrocodone. He does work full time, though his current type of employment is not clarified. He previously was a butcher and was injured when lifting a tub of beef.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG ONE (1) TAB QID #60 WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20f Page(s): page(s) 29 and 124.

Decision rationale: The California MTUS Guideline quotes the concern of potential unsafe side effects, the risk for addiction and lack of clear cut benefit. It metabolizes into meprobamate. This is a barbiturate that accumulates and stays in the system for a long time and can interact with other medications, including sedatives and pain killers. It is a centrally acting skeletal muscle relaxant; its main benefit is from the sedation and calming effect upon anxiety. It does not work directly on the muscles. For these reasons, Soma is not medically necessary.