

Case Number:	CM14-0028223		
Date Assigned:	06/13/2014	Date of Injury:	09/18/2001
Decision Date:	11/26/2014	UR Denial Date:	03/03/2014
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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia . 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 individual is a 62 years old female with a 9/18/01 date of industrial injury. She has received treatment for a coccyx sprain/strain, knee/leg sprain/strain, shoulder sprain/strain, thoracic sprain/strain, and lumbar sprain/strain. Only the lower back injury is accepted for the workers compensation case. In the latest physical examination in the available medical record, dated 2/5/14, she rated her lower back pain as 8/10 and 10/10 in her coccyx area. She stated the pain had increased since her last visit (subjective). Objective symptoms included decreased range of motion in the lumbar spine, tenderness on palpation of the paravertebral muscles and tightness noted on both sides, positive lumbar facet loading on the left, and tenderness noted over coccyx sacroiliac spine additionally. Individual is prescribed Silenor (for pain/depression), Soma (for muscle spasm), and Vicoden (for pain). She reported in January 2014 that the combination of medication with H-wave and chiropractic treatments allow her to minimize her medication usag but this was not defined. She received a coccygeal joint injection on 3/3/14 for pain. This request is for Soma 350 mg one BID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) AND ANTISPASTICITY /ANTISPASMODIC DRUG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle Relaxants (for pain) Page(s): 29; 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol)

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The individual has been on this medication for an extended period of time. This is a chronic injury that occurred in 2001. The request for SOMA 350MG, #60 is in excess of the guidelines and weaning should occur. As such, the request for 1 PRESCRIPTION FOR SOMA 350MG, #60 is not medically necessary.