

Case Number:	CM14-0028418		
Date Assigned:	08/27/2014	Date of Injury:	04/01/1997
Decision Date:	09/29/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine and Rehabilitation 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 53 year old male who was injured on 04/19/1997. The mechanism of injury is unknown. According to UR, progress note dated 02/12/2014 states the patient presented with anxiety, low back pain and central pain syndrome and anxiety reaction. On exam, he has neck pain with flexion and extension. Low back is painful with movement. He has chronic pain of the neck and anxiety reaction. The patient was recommended Soma 350 mg, Pravastatin, Xanax, and Norco. There are no other medical records provided for review. Prior utilization review dated 03/04/2014 states the request for Soma 350 mg #120 with 3 refills (date of service 02/12/2014) is denied as it is not recommended for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #120 with 3 refills (date of service 02/12/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Drugs.com, Soma.

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

Decision rationale: Carisoprodol is a medication classified as a skeletal muscle relaxant for which the mechanism of action is not known. There are no studies indicating its efficacy in the

management of myofascial pain or in any other conditions producing musculoskeletal pain. This drug is also known to have a significant abuse/addiction/dependence risk, perhaps owing to its metabolism into the banned molecule meprobamate (once marketed as the drug Miltown). Withdrawal with abrupt discontinuation. At best it has an indication for short term usage when there is an exacerbation of the underlying condition. The documentation in this case fails to offer a justification for this medication. The MTUS guidelines consider this agent to be "not recommended" for a wide range of conditions. Based on the MTUS guidelines, the clinical pharmacology, the lack of any trials to indicate efficacy, and the significant risks associated related to its usage, as well as the clinical documentation stated above, the request is not medically necessary.