

Case Number:	CM14-0037566		
Date Assigned:	06/25/2014	Date of Injury:	09/08/1992
Decision Date:	07/23/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/28/2014

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 63-year-old female who slipped on food in a cafeteria at work in 1992. This caused an injury to her right knee and lower back. She has known multilevel lumbar disc and facet disease. In 2012 she had a medial branch block and subsequent Radiofrequency ablation at the L4-L5 region with excellent results. She has only recently had a return of lumbar and buttock pain. She does not take any medication for this except for Soma at bedtime, supposedly on an occasional basis for flares. There is no documentation on prescription usage to confirm this. This patient had a recent lumbar epidural and is considering having a repeat Radiofrequency trial. There are no discussions related to the patient's knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

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

Decision rationale: Medicine is a science and is always evolving. Soma was previously approved for marketing before the FDA required clinical studies to prove safety and efficacy.

Science has taken the usage of Soma in a different direction stating it should not be used more than two or three weeks in an acute setting. The MTUS, the primary Guideline relied upon for these cases, quotes a concern for potential unsafe side effects, a risk for addiction and a lack of clear cut benefit. Soma metabolizes into meprobamate. This is a barbiturate that accumulates and stays in the system 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 considered an effective or safe muscle relaxant and is not medically necessary.