

Case Number:	CM14-0062890		
Date Assigned:	09/05/2014	Date of Injury:	09/06/2000
Decision Date:	10/20/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 a 56 year old male who was injured on 09/06/2000. The mechanism of injury is unknown. There is treatment history provided for review. Progress report dated 07/07/2014 documented the patient to have complaints of persistent pain in the lower back and right leg. He was reportedly taking Soma and Norco and stated without his medications, he is unable to walk. On exam, straight legraise is positive on the right at 70 degrees. He is diagnosed with postlaminectomysyndrome and right lumbar radiculopathy. He was recommended to receive a refill of his Soma medication. Follow-up exam note dated 09/17/2014 states the patient presented with complaints of back pain. His exam revealed tenderness of his back but no neurological deficits. He is diagnosed with chronic back pain. He was given refills of his Soma one twice daily and Norco. Prior utilization review dated 09/05/2014 states the request for 1 prescription of Soma350mg with 2 refills is denied as it is not clinically indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg with 2 refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, Soma is "not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs."In this case Soma is requested for a 56-year-old male with chronic pain. However, the patient is prescribed this medication on a long-term basis, which is not recommended. Further, the prescription as written is not consistent with short-term use nor is there evident acute exacerbation. Therefore, the request for Soma 350mg with 2 refills is not medically necessary and appropriate.