

Case Number:	CM14-0068795		
Date Assigned:	07/14/2014	Date of Injury:	06/29/2000
Decision Date:	10/01/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/13/2014

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 71-year old female who sustained an injury on 06/29/2000. Past treatment history included epidural steroid injections, acupuncture, TENS, and chiropractic treatments. Prior medication history included Soma, Protonix, Norco, and Ultram. Diagnostic studies reviewed include MRI of the lumbar spine dated 09/25/2013 revealed degenerative disk disease at L3-L4 and L5-S1. Progress report dated 04/08/2014 states the patient presented with low back problems with associated stiffness, back and calf muscle spasms, numbness of the right foot, some numbness left foot. She stated that medications helped and TENS unit helped. On exam, the cervical and thoracic were nontender. The lumbar spine revealed 1+ tenderness. Her sensation was decreased on the dorsum of the right foot. The left knee revealed flexion and extension at 4+/5; right knee flexion 4/5; extension 4+/5. Straight leg raise is positive at 80 degrees on the right; positive at 70 degrees on the left. Diagnosis is lumbar strain/sprain. She was instructed to continue with her TENS and medications. Prior utilization review dated 05/05/2014 states the request for Soma 350mg 1 Tablet at Bedtime #30 Wean with Target of Completely off Medication is modified to certify.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG 1 TABLET AT BEDTIME #30 WEAN WITH TARGET OF COMPLETELY OFF MEDICATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA) WEANING OF MEDICATIONS Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Muscle Relaxer Page(s): 63-66. Decision based on Non-MTUS Citation Pain, Muscle Relaxer

Decision rationale: Per CA MTUS guidelines, 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). 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. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). It is not clear how long the IW has been taking this medication. Concurrent use with Hydrocodone is not recommended as stated above. There is no documentation of any significant improvement in pain level or function with prior use. Therefore, the request is considered not medically necessary.