

Case Number:	CM14-0079755		
Date Assigned:	07/18/2014	Date of Injury:	01/13/2003
Decision Date:	09/09/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/30/2014

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 West Virginia and Ohio. 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:

Records provided indicate that this individual is a 57-year-old male who sustained an industrial injury in January of 2003. This injury has resulted in chronic low back pain with radicular elements. His records indicate reduced lumbar range of motion, decreased lower extremity deep tendon reflexes and generally reduced functional ability. The individual is noted as claiming substantial relief with his current medication regimen. However this seems to be a wholly subjective report as it is not well documented in available records except for the individual noting he was able to get back to work for 2 days a week. The current regimen includes Carisoprodol bid and hydrocodone/apap, records available only provide documentation back to May of 2014 but he has been on this regimen at least since that time.

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 Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

Decision rationale: The MTUS states this medication 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. The ODG States that Soma is not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use. The MTUS indicates at most 2-3 week use at which time it must be tapered. Even if the medication was only begun in May of 2014, this individual has already exceeded the recommended period proscribed by the CA MTUS for Carisoprodol, in fact the request itself exceeds that length. As such this request is deemed not medically necessary.