

Case Number:	CM14-0187231		
Date Assigned:	11/17/2014	Date of Injury:	12/25/2003
Decision Date:	01/05/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 58 year old employee with date of injury 12/25/03. Medical records indicate the patient is undergoing treatment for left hip pain s/p hip replacement, lumbar spine disc bulges and right knee pain with probable derangement and low back pain. Subjective complaints include left hip pain 25% worse in the past 9 months. The pain is worse with walking and prolonged sitting, and keeps her awake at night. She has low back pain intermittently. Objective complaints include decreased low back pain with no change. Other findings are illegible. Treatment has consisted of ambulation with single point cane. Medications include Soma, Eszopiclone and Norco. The utilization review determination was rendered on 10/23/14 recommending non-certification of Soma 350 mg #60.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol)

Decision rationale: Soma is the brand name version of the muscle relaxant Carisoprodol. MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for Soma 350 mg, #60 is in excess of the guidelines. As such, the request for 1 prescription for Soma 350 mg, #60 is not medically necessary.