

Case Number:	CM14-0077001		
Date Assigned:	12/19/2014	Date of Injury:	06/02/2000
Decision Date:	01/28/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 Emergency Medicine and is licensed to practice in New York. 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 59-year-old female who was injured on June 2, 2000. The patient continued to experience pain in her low back, bilateral shoulders, bilateral upper extremities, left hip, and left knee. Physical examination was notable for paraspinal cervical tenderness, paraspinal lumbar tenderness, positive right straight leg raise, decreased strength in the left lower extremity, decreased sensation left L3, L4, L5, and S1, and tenderness over the acromioclavicular joint. Diagnoses included enthesopathy of the left hip, sciatica, lumbago, displacement of cervical intervertebral disc, reflex sympathetic dystrophy of the upper and lower limb, thoracic/lumbosacral neuritis/radiculitis, and lumbosacral spondylosis without myelopathy. Treatment included medications, epidural steroid injections, acupuncture, and physical therapy. Request for authorization for Soma 350 mg #240 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #240: Upheld

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

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

Decision rationale: Carisoprodol (Soma) is not recommended. 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Therefore, this request is not medically necessary.