

Case Number:	CM15-0138391		
Date Assigned:	07/28/2015	Date of Injury:	05/18/2007
Decision Date:	08/25/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 44 year old male who sustained an industrial injury on 05/18/07. Initial complaints include excruciating pain in his back and his bilateral legs went numb. Initial diagnoses are not available. Treatments to date include medications and disc replacement surgery. Diagnostic studies include electrodiagnostic studies of the lower extremities on 01/15/15, and a MRI of the lumbar spine on 01/12/15 which showed a central disc protrusion at L4-5. Current complaints include low back and leg pain. Current diagnoses include failed post laminectomy syndrome, lumbar radiculopathy, and fibromyalgia/myositis. In a progress note dated 06/11/15 the treating provider reports the plan of care as medications including Norco, Soma, Xanax, MS Contin, and amitriptyline. The requested treatments include Soma. The documentation supports the injured worker has been on the same dose of Soma since at least 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg tablet Qty 60, 1 tablet 2 times daily as needed for 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), p29.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for low back and leg pain. When seen, there was an antalgic gait. Medications were refilled. He had a normal BMI. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.