

Case Number:	CM15-0144483		
Date Assigned:	08/05/2015	Date of Injury:	04/10/2012
Decision Date:	08/31/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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 52-year-old male, who sustained an industrial injury on 4-10-12. He reported back pain. The injured worker was diagnosed as having cervical disc displacement, cervical stenosis, lumbar annular tear, lumbar disc displacement, and lumbar facet hypertrophy. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, TENS, and medication. On 4-8-15, cervical pain was rated as 7 of 10 and lumbar pain was rated as 8 of 10. On 5-21-15, pain was rated as 8 of 10 without medication and 6 of 10 with medication. Currently, the injured worker complains of cervical pain and lumbar pain radiating to the left lower limb. The treating physician requested authorization for Soma 350mg #120 for the date of service 5-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg Qty 120 (retrospective DOS 5/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

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

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for neck and radiating low back pain. Medications are referenced as decreasing pain from 8/10 to 6/10. When seen, there was decreased and painful cervical and lumbar spine range of motion. There was lumbar spine tenderness and pain with left straight leg raising. Kemp's testing caused pain. Medications were prescribed. Prior muscle relaxants had included cyclobenzaprine. Authorization for Soma was requested. 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 is not medically necessary.