

Case Number:	CM15-0163507		
Date Assigned:	08/31/2015	Date of Injury:	02/01/1999
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/20/2015

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(n) 62 year old male, who sustained an industrial injury on 2-1-99. He reported pain in his neck and lower back. The injured worker was diagnosed as having cervical degenerative disc disease, lumbar degenerative disc disease, migraine and muscle spasms. Treatment to date has included acupuncture, a TENS unit, physical therapy, an epidural injection, a cervical MRI, a thoracic MRI and a lumbar MRI. Current medications include Imitrex, Flector, Baclofen, Klonopin, Methadone and Soma. As of the PR2 dated 7-10-15, the injured worker reports chronic pain in the neck, arms, low back and lower extremity. He rates his pain an 8 out of 10 over the past week. Objective findings include decreased cervical and lumbar flexion. The treating physician listed under failed medications Ibuprofen, Flexeril and Soma. The treating physician requested Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

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

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 in February 1999 and is being treated for neck, low back, arm, and leg pain. When seen, pain was rated at 8/10. There was a normal BMI. There was thoracic and lumbar paraspinal muscle tenderness. There was bilateral sacroiliac joint and right occipital tenderness. There was decreased strength and sensation. Baclofen was being prescribed on a long-term basis. Soma was started for muscle spasms. 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. In this case, muscle relaxants have been prescribed on a long term basis. There are other medications and treatments that would be considered appropriate for the claimant's condition. The request is not medically necessary.