

Case Number:	CM15-0203966		
Date Assigned:	10/20/2015	Date of Injury:	04/06/2006
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 49 year old male, who sustained an industrial injury on April 6, 2006. The injured worker was currently diagnosed as having chronic low back pain with multiple levels of disc disorders, left lumbar radiculopathy and depression. Treatment to date has included injection, acupuncture treatment, psyche follow-up and medication. On September 9, 2015, the injured worker complained of back pain rated a 10 on a 1-10 pain scale at worst and a 2 on the pain scale at least. On the day of exam, the pain was rated as a 6 on the pain scale. The injured worker reported no significant change or improvement in his back pain. He also reported back spasm with shooting pain to his legs. A lumbar epidural steroid injection was noted to still be helping. Physical examination of the lumbar spine revealed tenderness to palpation. The treatment plan included a 2nd lumbar epidural steroid injection, Norco, Ultram, Lidoderm patches, Soma and Protonix. On September 18, 2015, utilization review denied a request for 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 Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "██████████"); & (5) as a combination with codeine (referred to as "Soma Coma"). (Reeves, 1999) (Reeves, 2001) (Reeves, 2008) (Schears, 2004) (Owens, 2007) (Reeves, 2012) There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. Hospital emergency department visits involving the misuse of carisoprodol have doubled over five years, study shows. Muscle relaxants are recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. In this case, the documentation notes the medication is being prescribed concurrently with tramadol and Norco. This is not recommended by the guidelines. The request is therefore not medically necessary.