

Case Number:	CM15-0206018		
Date Assigned:	10/22/2015	Date of Injury:	08/30/2005
Decision Date:	12/09/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/20/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 29 year old, female who sustained a work related injury on 8-30-05. A review of the medical records shows she is being treated for low back pain. In the progress notes dated 9-24-15, the injured worker reports, "she has done better since the last epidural steroid injection" on 9-8-15. Low back pain continues. She describes the pain as aching and shooting in her lower back. She rates her pain as 6 out of 10. On physical exam dated 9-24-15, lumbar range of motion is limited by pain. She has tenderness to palpation over the lumbar paraspinal muscles. Deep palpation induces facet tenderness. Treatments have included lumbar epidural steroid injections, medications, rest and stretching. Current medications include Butrans patch, Soma, pain cream, Gabapentin, Norco, Ibuprofen, Lisinopril and Metoprolol. No notation of working status. The treatment plan includes bilateral lumbar medial branch blocks. Request for Soma not noted. The Request for Authorization dated 9-25-15 has request for Soma 350mg. 1 tablet by mouth twice a day if needed #60 with 6 refills. In the Utilization Review dated 10-2-15, the requested treatment of Soma 350mg. #240 is modified to Soma 350mg. #36.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg # 420: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. 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." The records were evaluated as to the history of medication use, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary.